

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000209	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE OF ALPHARETTA		STREET ADDRESS, CITY, STATE, ZIP CODE 762 NORTH MAIN STREET ALPHARETTA, GA 30009	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>>>>> The purpose of this visit was to investigate intake GA50004290 and GA50004022. No rule violations were cited as a result of this inspection. An on-site visit was made on 09/04/25 and it was completed on 09/23/25.</p>		