

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000189	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER RENAISSANCE ON PEACHTREE		STREET ADDRESS, CITY, STATE, ZIP CODE 3755 PEACHTREE ROAD NE ATLANTA, GA 30319	
(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 complete the re-licensure inspection and investigate intakes #GA50002611; #GA50002784. An onsite visit was made 5/28/25 and the inspection was completed 5/30/25. No rule violations were cited as a result of this inspection.</p>		