

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000252	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER CANTERFIELD OF KENNESAW		STREET ADDRESS, CITY, STATE, ZIP CODE 4381 BELLS FERRY KENNESAW, GA 30144	
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50005104.</p> <p>An unannounced on-site visit was made on 9/10/25 and the inspection was completed on 9/17/25.</p> <p>There were no rule violations cited as a result of this survey.</p>		