

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000348</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/13/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOPE CENTER MEMORY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>355 BRANDYWINE BLVD FAYETTEVILLE, GA 30214</b>	
(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>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intakes #GA50005812 and GA50005809.</p> <p>An on-site visit was made on 10/10/2025. The investigation started on 10/10/2025 and was completed on 10/10/2025.</p> <p>No rule violations were cited as a result of this inspection.</p>		