

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMERSET</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3711 BENJAMIN E MAYS DRIVE SW ATLANTA, GA 30331</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>An onsite visit was made to this facility to investigate intake GA 50001424. No rules violations were cited as a result of this investigation.</p> <p>This investigation began on 3/6/25 and completed on 3/11/25.</p>		