

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060030061	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE CHAMBREL ROSWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 APPLEWOOD DRIVE ROSWELL, GA 30076	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA50001917 and #GA50002009. An unannounced visit was made 4/22/25 and the inspection was completed 4/24/25. No rule violations were cited.</p>		