

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1160 WHITLOCK DR MARIETTA, GA 30064</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>The purpose of this visit was to investigate intake #GA50005342. An onsite visit was made 9/17/25. No deficiencies were cited as a result of this inspection.</p>		