

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000604	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER AZALEA ESTATES OF FAYETTEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 105 AUTUMN GLEN CIRCLE FAYETTEVILLE, GA 30215	
(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>An unannounced onsite visit was made on 6/30/2025 and the investigation was completed on 6/30/2025.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50003170 and #GA50003885. No rule violations were cited as a result of this investigation.</p>		