

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000120</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">08/15/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">SUNRISE OF BUCKHEAD</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">1000 LENOX PARK BOULEVARD, NE ATLANTA, GA 30319</p>	
(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 self- reported intake GA 50005089 and GA 50005091. No rules were cited as a result of this investigation. This investigation began on 9/8/25 and ended on 9/15/25.</p>		