

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER ATRIA NORTH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SOMERBY DRIVE ALPHARETTA, GA 30009	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	Initial Comments. The purpose of this visit was to complete the compliance inspection and investigate intake #GA50003484. An onsite visit was made 7/16/25 and the inspection was completed 7/18/25.		
{3001} SS= D	<p>111-8-63-.30(2) Reports to the Department.</p> <p>Whenever a serious incident involving a residents occurs, the assisted living community must report in a format acceptable to the Department either within 24 hours after the incident has occurred, or the assisted living community has reasonable cause to believe that a reportable incident involving a resident has occurred .</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to report to the Department a serious incident involving a resident within 24 hours for 1 of 3 sampled residents (Resident #1).</p> <p>Findings included:</p> <p>During a tour of the facility, Resident #1 was observed watching television in the apartment.</p>		

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NAME OF PROVIDER OR SUPPLIER <p>ATRIA NORTH POINT</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>100 SOMERBY DRIVE ALPHARETTA, GA 30009</p>	
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	<p>A review of the incident report for Resident #1 was dated 5/5/25.</p> <p>A review of the report for Resident #1, submitted to the Department, indicated a received date of 5/12/25.</p> <p>During an email exchange between Department staff on 7/18/25, at 12:15 p.m., Staff A stated the report was not submitted until 5/9/25, because the community needed to follow up with the regional support team.</p>		