

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008271	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER ATRIA PARK OF TUCKER		STREET ADDRESS, CITY, STATE, ZIP CODE 5844 LAWRENCEVILLE HIGHWAY TUCKER, GA 30084	
(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 #GA00252664.</p> <p>An onsite visit was made on 1/9/2025, and the inspection was completed on 1/13/2025.</p> <p>No rule violations were cited as a result of this investigation.</p>		