

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PCH008036</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">10/27/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">BELMONT VILLAGE BUCKHEAD</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">5455 GLENRIDGE DRIVE, NE ATLANTA, GA 30342</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>The purpose of this survey was to investigate intake number GA50006209. An on-site visit was made on 10/22/25. The investigation began on 10/22/25 and was completed on 10/22/25. No rule violations were cited as a result of this investigation.</p>		