

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>07/10/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CARROLLTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 NORTHSIDE DRIVE CARROLLTON, GA 30117</b>	
(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>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a re-licensure and a complaint inspection (GA50003489). This inspection started on 7/7/25 and was completed on 7/7/25. No rule violations were cited as a result of this inspection.</p>		