

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/10/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GEORGIAN LAKESIDE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1070 HARDSCRABBLE ROAD ROSWELL, GA 30075</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 investigate intake #'s GA50005537 and GA50006097.</p> <p>The investigation began on 10/1/25 and was completed on 10/10/25.</p> <p>There were no rule violations cited as a result of this investigation.</p>		