

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000544</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">07/31/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">HEARTIS FAYETTEVILLE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">936 WEST LANIER AVENUE FAYETTEVILLE, GA 30214</p>	
(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>An unannounced onsite visit was made on 7/28/2025 and the investigation was completed on 7/31/2025.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50004498. No rule violations were cited as a result of this investigation.</p>		