

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000595	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER HOLBROOK OF DECATUR, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1882 CLAIRMONT ROAD DECATUR, GA 30033	
(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>The purpose of this visit was to investigate intake #GA50002649. An onsite visit was made 6/5/25. No rule violations were cited as a result of this investigation.</p>		