

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>044030081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEDLOCK GARDENS SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>460 MEDLOCK ROAD DECATUR, GA 30030</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA50002230. An unannounced visit was made 3/18/25 and the inspection was completed 3/21/25. No rule violations were cited.</p>		