

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044030061	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/06/2022
NAME OF PROVIDER OR SUPPLIER MONTCLAIR, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 CLAIRMONT LAKE DECATUR, GA 30033	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>> The purpose of this visit was to investigate intake # GA00225304. No rule violations were cited as a result of this visit.		