

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/16/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ORCHARD AT BROOKHAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1634 AFTON LANE BROOKHAVEN, GA 30329</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>Initial Comments.</p> <p>An onsite visit was made to this facility to conduct an annual inspection and investigate intake GA 50001750. No rules were cited as a result of this investigation and annual inspection.</p> <p>This inspection and investigation began on 4/7/25 and ended on 4/10/25.</p>		