STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	ALC000220		**11/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING ESTATES	**3165 DALLAS HIGHWAY** **MARIETTA, GA 30064**

(X4) ID PREFIX TAG	**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**
{L 000}	Initial Comments. >>>> The purpose of this visit was to investigate intake #GA00216773. The intake was started on 11/10/21 and was completed on 11/15/21. No rule violations were cited as a result of this investigation.