

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE OF FIVE FORKS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3997 FIVE FORKS TRICKUM ROAD LILBURN, GA 30047</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{0000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake #GA50005855.</p> <p>An unannounced onsite visit was made on 10/6/25, and the investigation was completed on 10/8/25.</p> <p>No rule violations were cited as a result of this investigation.</p>		