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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000029 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/11/2025 |
| NAME OF PROVIDER OR SUPPLIER SUNRISE OF JOHNS CREEK | | STREET ADDRESS, CITY, STATE, ZIP CODE 11405 MEDLOCK BRIDGE ROAD JOHNS CREEK, GA 30097 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| {0000} | <p>Initial Comments.</p> <p>>>>> The purpose of this visit was to investigate intakes GA50003323 and GA50003351. The investigation opened 7/31/25 and concluded 8/12/25. No rule violations were cited as a result of this visit.</p> | | |