

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/13/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND RIDGE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4005 SOUTH COBB DRIVE SMYRNA, GA 30080	
(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 intake #GA50005976.</p> <p>An on-site visit was made on 10/8/2025. The investigation started on 10/8/2025 and was completed on 10/8/2025.</p> <p>No rule violations were cited as a result of this inspection.</p>		