

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060-R-0145	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER VISITING ANGELS		STREET ADDRESS, CITY, STATE, ZIP CODE 309 EAST PACES FERRY RD NE SUITE 400 ATLANTA, GA 30305	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	Initial Comments. The purpose of this visit was to conduct a periodic compliance survey on February 23, 2026. No rule violations were cited.		