

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PENDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/24/2020
NAME OF PROVIDER OR SUPPLIER SUMMERSET		STREET ADDRESS, CITY, STATE, ZIP CODE 3711 BENJAMIN E MAYS DRIVE ATLANTA, GA 30331	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{B 000}	<p>Opening Comments.</p> <p>The purpose of this visit was to conduct the initial inspection. No rule violations were cited as a result of this visit.</p>		