

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000643	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER SHERIDAN AT EASTSIDE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 TREE LANE SNELLVILLE, GA 30078	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50002508.</p> <p>An onsite visit was made on 5/6/2025 and the inspection was completed on 5/6/2025.</p> <p>No rule violations were cited as a result of this investigation.</p>		