

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000608	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER SUNRISE AT HUNTCLIFF SUMMIT		STREET ADDRESS, CITY, STATE, ZIP CODE 8480 ROSWELL ROAD ATLANTA, GA 30350	
(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 survey was to investigate intake #GA50003265 and #GA50003248. The investigation began on 6/13/25, and an on-site visit was conducted on the same date. The investigation concluded on 6/13/25.</p> <p>No rule violations were cited as a result of this survey.</p>		