

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000699	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER ORCHARD AT ATHENS		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 ATLANTA HWY ATHENS, GA 30606	
(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 survey was to investigate #GA5000182. The onsite visit was on 4/24/25. The investigation was completed on 4/24/25. No rule violations were cited.</p>		