

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER SERENITY EMPIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 7825 HOBGOOD ROAD FAIRBURN, GA 30213	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA50002198. The onsite visit was made on 6/25/25. The survey started on 6/25/25, and was completed on 7/15/25. No rule violations were cited as a result of this inspection.</p>		