

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>ADC000260</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>02/05/2020</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>CIRCLE OF LOVE</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>5522 NEW PEACHTREE ROAD, SUITE 129 ATLANTA, GA 30341</b></p>	
(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 a monitoring visit. There were no rule violations cited as a result of this visit.</p>		