State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **ADC000291**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **04/24/2024**

NAME OF PROVIDER OR SUPPLIER **JOYNUS CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3120 CROSSING PARK** **NORCROSS, GA 30071**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
{B 000}	Opening Comments. >>>>The purpose of this visit was to conduct the compliance inspection . An onsite visit was made to the center on 4/24/24. No rule violations were cited as a result of this inspection.

State of GA Inspection Report

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