

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000678</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER COMET VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4900 RICHARD D SAILORS PKWY POWDER SPRINGS, GA 30127</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to complete a compliance re-licensure survey and to investigate intake # GA00252854.</p> <p>There was no rule violation cited as a result of this investigation.</p> <p>An onsite was made was 2/23/25 and completed on 3/25/25.</p>		