

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000701	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER CORSO ATLANTA		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HOWELL MILL ROAD ATLANTA, GA 30327	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>The purpose of this visit was to investigate intake #GA50005054. An onsite visit was made 9/11/25 and the inspection was completed 9/12/25. No deficiencies were cited as a result of this inspection.</p>		