

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000309	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/29/2025
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 4838 SOUTH COBB DRIVE SE SMYRNA, GA 30080	
(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 #GA50005400.</p> <p>An unannounced on-site visit was made on 9/17/25 and the inspection was completed on 9/29/25.</p> <p>There were no rule violations cited as a result of this survey.</p>		