

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000307	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/21/2022
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWRENCEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 RIVER CENTRE PLACE LAWRENCEVILLE, GA 30043	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>>>>>>>>The purpose of this visit was to investigate intake #GA00220195.</p> <p>An on-site visit was made on 4/20/22. The investigation started on 4/20/22 and was completed on 4/21/22. No rule violations were cited as a result of this investigation.</p>		