

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE LAWRENCEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 RIVER CENTRE PLACE LAWRENCEVILLE, GA 30043</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>The purpose of this visit was to conduct a compliance inspection and investigate intake GA 50002157. No rules violations were cited as a result of this investigation and inspection. This compliance inspection and investigation began on 4/17/25 and ended on 4/29/25.</p>		