

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000311	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/09/2022
NAME OF PROVIDER OR SUPPLIER HEARTIS BUCKHEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 2051 PEACHTREE ST NE ATLANTA, GA 30309	
(X4) ID PREFIX TAG {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	>>>>The purpose of this visit was to conduct an initial inspection. No rule violations were cited as a result of this inspection.		