

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