

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 05/27/2025
NAME OF PROVIDER OR SUPPLIER HEARTIS BUCKHEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 2051 PEACHTREE ST NE ATLANTA, GA 30309	
(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 investigated intake GA 50002812 and GA 50003529. No rules were cited as a result of this investigation. This investigation began on 5/13/25 and ended on 5/27/25.</p>		