STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALC000273	A. BUILDING B. WING	02/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SODALIS MARTINEZ	515 THE PASS MARTINEZ, GA 30907

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
{L 0000}	Initial Comments. >>>>The purpose of this visit was to conduct a monitoring visit (increase in capacity). No rule violations were cited as a result of this investigation. An onsite visit was made on 2/11/2025 and the inspection was completed on the same day.