

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000292	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER CEDARHURST OF CANTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 HIDDEN VALLEY DR CANTON, GA 30114	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate allegation intake GA0000606 and to conduct a compliance inspection. No rule violations were cited as a result of this visit.</p> <p>On-site visit was made on 02/13/25 and it was completed on 02/18/25.</p>		