

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000312</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">06/05/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">LEGACY RIDGE AT PEACHTREE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">1967 HIGHWAY 54 WEST PEACHTREE CITY, GA 30269</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	Initial Comments. The purpose of this visit was to investigate self- reported intake GA 50003054. No rules were cited as a result of this investigation. This investigation began on 6/2/25 and ended on 6/5/25.		