

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PHCP011354	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER RISE & RESTORE HEALTHCARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3372 Peachtree Rd. NE Suite 115 Atlanta, GA 30326	
(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 periodic compliance survey on April 22, 2025. Rule violations were cited.		
{L 0902} SS= D	<p>111-8-65-.09(2)(a) Administration and Organization.</p> <p>A provider shall establish and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party, if applicable.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the agency failed to ensure the service agreement included in the clients' record had all the required elements for one of one (Client #1) sampled clients.</p> <p>Findings were:</p> <ol style="list-style-type: none"> 1. A record review for Client #1 lacked documentation of a complete service agreement. The service agreement was missing the following: frequency & duration, charges for services, and All-inclusive language on client's rights and responsibilities. 2. During the exit conference on April 22, 2025, at 10:10 a.m., Staff A stated the agency will make all changes. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PHCP011354</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">04/22/2025</p>
NAME OF PROVIDER OR SUPPLIER <p>RISE & RESTORE HEALTHCARE, LLC</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>3372 Peachtree Rd. NE Suite 115 Atlanta, GA 30326</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		