

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000242	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER WATERFORD AT DECATUR, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 475 IRVIN COURT DECATUR, GA 30030	
(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 investigate intake GA 50006076, GA 50006215, GA 50005533 and GA 50005463. No rules were cited as a result of this investigation. This investigation began on 10/15/25 and ended on 10/17/25.</p>		