

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>PENDING</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>12/11/2024</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>MESUN SENIOR LIVING</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>3175 MCGINNIS FERRY ROAD SUWANEE, GA 30024</b></p>	
(X4) ID PREFIX TAG	<p style="text-align: center;"><b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b></p>		
{X 0}  SS= Initial Comments	Initial Comments  This REQUIREMENT is not met as evidenced by:  The purpose of this visit was to conduct the initial compliance inspection. No rule violations were cited as a result of this visit.		