

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000709	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/20/2025
NAME OF PROVIDER OR SUPPLIER ALTO JOHNS CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 10595 MEDLOCK BRIDGE ROAD JOHNS CREEK, GA 30097	
(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 investigated intake GA 50006291 and GA 50006573. No rules were cited as a result of this investigation. This investigation began on 10/16/25 and ended on 10/20/25.</p>		