

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH012345	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER SULLIVAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 200 VILLAGE PARKWAY, NE MARIETTA, GA 30067	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to conduct a compliance inspection and to investigate intake #GA50002395 and #GA50003423. An onsite visit was made to the facility on 6/18/25. The survey was started on 6/18/25, and was completed on 6/18/25. No rule violations were cited as a result of this inspection.</p>		