

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 {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Opening Comments. 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.		