

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PCH012345</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/16/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">SULLIVAN HOUSE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">200 VILLAGE PARKWAY, NE MARIETTA, GA 30067</p>	
(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 complaint inspection (GA50004726).</p> <p>The inspection started on 9/10/25 and was completed on 9/16/25.</p> <p>There were no rule violations cited as a result of this inspection.</p>		