

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Skyland Trail		STREET ADDRESS, CITY, STATE, ZIP CODE 1961 N. Druid Hills Road Atlanta, 30329	
(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>Initial Comments</p> <p>>>>>The purpose of this survey was to conduct an initial inspection. No concerns observed or rule violations were cited.</p>		