

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000350	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/10/2025
NAME OF PROVIDER OR SUPPLIER PRUITTPLACE - BUCKHEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3088 LENOX ROAD ATLANTA, GA 30324		
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments. The purpose off this visit was to conduct a compliance inspection and to investigate intake #GA50002436 and #GA50004150. An onsite visit was made to the facility on 8/8/25. The investigation started on 8/8/25, and was completed on 8/8/25. No rule violations were cited as a result of this investigation.		

State of GA Inspection Report