

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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>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.</p>		