

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000346	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER MONTCLAIR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 CLAIRMONT LAKE DECATUR, GA 30033	
(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 of this visit was to conduct a re-licensure and a complaint inspection (GA5006154). This inspection started on 10/14/25 and was completed on 10/14/25. No rule violations were cited as a result of this inspection.</p>		