

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060030061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>08/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE CHAMBREL ROSWELL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 APPLEWOOD DRIVE ROSWELL, GA 30076</b>	
(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>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate allegation intake GA50003945. No rule violations were cited as a result of this investigation.</p> <p>An on-site visit was made on 08/07/25 and it was completed on 08/19/25.</p>		