

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060030061	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE CHAMBREL ROSWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 APPLEWOOD DRIVE ROSWELL, GA 30076	
(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 PCH to ALC conversion inspection.</p> <p>An on-site visit was made to the facility on 9/17/25 and completed on 9/22/25.</p> <p>No rule violations were cited as a result of this inspection.</p>		