

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ADC000327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/17/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TULIP PLACE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2695 HOPEWELL RD MILTON, GA 30004</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{B 0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to complete a monitoring inspection for an increase in capacity. An onsite visit was made 10/16/25. No deficiencies were cited as a result of this visit.</p>		