

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000223</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">05/16/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">ADDINGTON PLACE OF BRUNSWICK</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">890 SCRANTON ROAD BRUNSWICK, GA 31525</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50003098. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 05/13/2025. An on-site visit was made to the facility on 05/13/2025 at 10:30 am and the investigation was completed on 05/13/2025.</p>		