

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000575	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF NEWNAN		STREET ADDRESS, CITY, STATE, ZIP CODE 25 NEWNAN LAKES BOULEVARD NEWNAN, GA 30263	
(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 an investigate intake #GA50002803 and #GA50002715. This inspection started on 5/27/25 and was completed on 5/28/25. No rule violations were cited as a result of this inspection.</p>		