

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX AT MILTON, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>13943 HIGHWAY 9 NORTH MILTON, GA 30004</b>	
(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 survey was to investigate intake #'s GA50004761 and #GA50004964. An onsite visit was made on 9/4/25. The investigation was started on 9/4/25. The survey was completed on 9/4/25. There were no rule violations cited as a result of this investigation.</p>		