

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009095	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER ANTEBELLUM ARLINGTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 684 ARLINGTON PLACE MACON, GA 31201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA50002957. An unannounced onsite visit was made on 5/28/2025 and completed on 5/29/2025. No rule violations were cited as a result of this investigation.</p>		