

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 121030121	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE AUGUSTA		STREET ADDRESS, CITY, STATE, ZIP CODE 326 BOY SCOUT ROAD AUGUSTA, GA 30909	
(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 conduct a compliance inspection and to investigate intake #GA50003616. An on-site visit was made to the facility on 07/22/2025. The investigation started on 07/22/2025 and was completed on 07/24/2025. No rule violations were cited as a result of this inspection and investigation.</p>		