

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000195	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER ASHTON SENIOR LIVING, GAINESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 ENOTA AVENUE GAINESVILLE, GA 30501	
(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 investigate intake #GA50005591.</p> <p>An unannounced onsite visit was conducted on 9/23/25, and the investigation was completed on 9/25/25. No rule violations were cited as a result of this investigation.</p>		