

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>08/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINNWOOD RETIREMENT COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 WHITLOCK AVENUE MARIETTA, GA 30064</b>	
(X4) ID PREFIX TAG  {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a complaint inspection(#GA50004129).</p> <p>An onsite visit was made on 8/13/25 and completed on 8/19/25.</p> <p>There were no rule violations cited as a result of this inspection.</p>		