

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000551	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER MERRYVALE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 11980 HIGHWAY 142 NORTH OXFORD, GA 30054	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50000589.</p> <p>An onsite visit was made on 2/20/2025 and the inspection was completed on 2/20/2025.</p> <p>No rule violations were cited as a result of this investigation.</p>		