

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008034	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/03/2025
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE JOHNS CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 4315 JOHNS CREEK PARKWAY SUWANEE, GA 30024	
(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>>>>> An off-site review was conducted to investigate intake #GA50005289. The investigation began on 10/1/25 and was completed on 10/3/25. No rule violations were cited related to this review.</p>		