

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF DOUGLASVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 4999 PRESTLEY MILL ROAD DOUGLASVILLE, GA 30135	
(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 conduct a complaint inspection (GA50004715, GA50004678, GA50004772 and GA50005205).</p> <p>This inspection started on 9/3/25 and was completed on 9/16/25.</p> <p>No rule violations cited as a result of this investigation.</p>		