

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000545	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/03/2025
NAME OF PROVIDER OR SUPPLIER BENTON HOUSE OF STOCKBRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 EVERGREEN TERRACE STOCKBRIDGE, GA 30281	
(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 #GA50005767 and #GA50005955. An onsite visit was made 9/30/25 and the inspection was completed 10/2/25. No deficiencies were cited as a result of this inspection.</p>		