

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE ROME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>180 WOODROW WILSON WAY ROME, GA 30165</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake #GA00241091. An onsite visit was made to the facility on 12/7/23. The investigation was started on 12/6/23 and completed on 12/7/23. No rule violations cited as a result of this investigation.</p>		