

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000564	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER BROOKSIDE GLEN		STREET ADDRESS, CITY, STATE, ZIP CODE 400 BRADLEY PARK DR COLUMBUS, GA 31904	
(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 relicensure inspection and to investigate intake #GA50003419. An on-site visit was made to the facility on 7/17/25. The investigation started on 7/17/25 and was completed on 7/18/25. No rule violations were cited as a result of this inspection and investigation.</p>		