

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000333	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/17/2025
NAME OF PROVIDER OR SUPPLIER CELEBRATION VILLAGE ACWORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 4460 CELEBRATION BOULEVARD ACWORTH, GA 30101	
(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 #GA50004892..</p> <p>An on-site visit was conducted on 10/1/25, and the investigation was completed on 10/1/25. No rule violations were cited as a result of this investigation.</p>		