

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000536	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER DOGWOOD FOREST OF GRAYSON		STREET ADDRESS, CITY, STATE, ZIP CODE 1754 GRAYSON HIGHWAY GRAYSON, GA 30017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50001782. An onsite visit was made on 3/25/25. The investigation started on 3/24/25 and completed on 3/26/25. No rule violations were cited as a result of this inspection.</p>		