

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ADC000003	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER FREEDOM DAY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3596 MACON ROAD COLUMBUS, GA 31907	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{B 0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50002413 and conduct the compliance inspection.</p> <p>An on-site visit was made to the facility on 5/6/25 and the investigation was completed on 5/6/25. No rule violations as a result of the inspection.</p>		