

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000083	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/10/2024
NAME OF PROVIDER OR SUPPLIER JOHN-WESLEY VILLAS		STREET ADDRESS, CITY, STATE, ZIP CODE 5471 THOMASTON ROAD MACON, GA 31220	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA00245725.</p> <p>An on-site visit was made on 5/8/24 and the investigation was completed on 5/10/24.</p> <p>No rule violations were cited as a result of this visit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000083</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">05/10/2024</p>
NAME OF PROVIDER OR SUPPLIER <p>JOHN-WESLEY VILLAS</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>5471 THOMASTON ROAD MACON, GA 31220</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000083</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">05/10/2024</p>
NAME OF PROVIDER OR SUPPLIER <p>JOHN-WESLEY VILLAS</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>5471 THOMASTON ROAD MACON, GA 31220</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		