

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000550	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/11/2025
NAME OF PROVIDER OR SUPPLIER MAGNOLIA MANOR OF MACON		STREET ADDRESS, CITY, STATE, ZIP CODE 194 PIERCE AVENUE MACON, GA 31204	
(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 an annual compliance inspection. An onsite visit was made on 7/9/25. Unable to conduct inspection as this facility no longer provides assisted living. This facility converted to independent living only on March 1,2025.</p>		