

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000546	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER MONARCH HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 299 BULLSBORO DRIVE SUITE 100 NEWNAN, GA 30263	
(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 a re-licensure inspection and to investigate intake #GA50003254. An on-site visit was made on 07/29/25. The investigation started on 07/29/25 and was completed on 07/29/25. No rule violations were cited as a result of this inspection and investigation.</p>		