

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000147</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">06/20/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">MORNING POINT OF CALHOUN</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">660 JOLLY ROAD NW CALHOUN, GA 30701</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	Initial Comments. The purpose of this visit was to conduct an investigation #GA50003106. The on-site visit was made on 6/18/25 the investigation was completed on 6/28/25. No violations were cited as a result of this investigation.		