

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000249	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER OAKS AT TOWNE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 4580 TOWNE LAKE PARKWAY WOODSTOCK, GA 30189	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate allegation intake GA00250580. No rule violations were cited as a result of this inspection. On -site visit was made on 11/05/24 and it was completed on 11/13/24.</p>		