

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000246	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER VILLAGE PARK AT SPALDING		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 SPALDING DRIVE PEACHTREE CORNERS, GA 30092	
(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 investigate intake GA 50005484. This investigation began on 9/9/25 and ended on 9/17/25.</p> <p>No rules were cited as a result of this investigation.</p>		