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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000641 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/09/2025 |
| NAME OF PROVIDER OR SUPPLIER OAKS AT DOUGLASVILLE | | STREET ADDRESS, CITY, STATE, ZIP CODE 4605 TIMBER RIDGE DRIVE DOUGLASVILLE, GA 30135 | |
| (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 complaint inspection (GA50005063,GA50005087, and GA50005998). This inspection started on 10/8/25 and was completed on 10/8/25. On-site visit was made on 10/8/25. No rule violations were cited as a result of this inspection.</p> | | |