

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000635	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/05/2025
NAME OF PROVIDER OR SUPPLIER RETREAT AT CANTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 EAST CHEROKEE DRIVE CANTON, GA 30115	
(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 intake #GA50001986. An on-site visit was made on 4/22/25 and it was completed on 5/05/25. No rules violations were cited as a result of this investigation.</p>		