

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000679	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/26/2024
NAME OF PROVIDER OR SUPPLIER PHOENIX AT JOHNSON FERRY		STREET ADDRESS, CITY, STATE, ZIP CODE 9 SHERWOOD LANE MARIETTA, GA 30067	
(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 # GA00252084.</p> <p>An onsite visit was made on 12/17/24 and the investigation was completed on 12/26/24. No rule violations were cited as a result of this investigation.</p>		