

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC00675	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER VILLAGE PARK MILTON		STREET ADDRESS, CITY, STATE, ZIP CODE 11950 Alpharetta Highway ALPHARETTA, GA 30009	
(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 #'s GA50002966 and GA50002953.</p> <p>An onsite visit was made on 6/11/25 and the investigation was completed on 6/18/25.</p> <p>There were no rule violations cited as a result of this inspection.</p>		