

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000301</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">09/15/2025</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">ALEXANDER IV SENIOR LIVING</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">3769 RIDGE AVENUE MACON, GA 31204</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	Initial Comments. >>>>The purpose of this visit was to investigate intake #GA50005250 and GA50005259. The inspection started on 9/8/25 and was completed on 9/9/25. An on-site visit was made on 9/8/25. No rule violations were cited as a result of this inspection.		