

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000671	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER PHOENIX AT BRASELTON, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1929 FRIENDSHIP ROAD HOSCHTON, GA 30548	
(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 survey was to investigate #GA00252334 and #GA50003356. The onsite visit was on 5/28/25. No rule violations were cited. The investigation was completed on 5/28/25.</p>		