

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000207	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT ACWORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2351 CEDARCREST ROAD ACWORTH, GA 30101	
(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 #GA50004821. An on-site visit was made on 8/6/2025. The investigation started on 8/6/2025 and was completed 8/6/2025. No rule violations were cited as a result of this investigation.</p>		