

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000614</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKS AT MAPLE RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4500 SOUTH STADIUM DRIVE COLUMBUS, GA 31909</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a compliance inspection.</p> <p>An on-site visit was made on 3/4/2025. The inspection started on 3/4/2025 and was completed on 3/4/2025.</p> <p>No rule violations were cited as a result of this inspection.</p>		