

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000720	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER BELLEVUE VILLAGE AT WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 PROFESSIONAL PKWY WOODSTOCK, GA 30188	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA00250732, GA00250321 and GA00250017.</p> <p>The onsite visit was made on 11/12/24. The inspection was started on 11/12/24 and completed on 12/17/24.</p> <p>No violations were cited as a result of this survey.</p>		