

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000723	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 WEEMS ROAD COLUMBUS, GA 31909	
(X4) ID PREFIX TAG {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments. >>>The purpose of this visit was to conduct a compliance inspection and to investigate intake #GA50001036. No rule violation were cited as a result of this inspection and investigation. An unannounced visit was made on 2/24/2025 at 9:30 a.m. and the investigation was completed on 2/25/2025.		