

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	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 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.</p>		