

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 08/26/2025
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)		
{0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50004878. An on-site visit was made on 8/25/2025, and the investigation was completed on 8/26/2025.</p> <p>No rule violations were cited as a result of the investigation.</p>		