

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000351	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER BARCLAY HOUSE OF AUGUSTA		STREET ADDRESS, CITY, STATE, ZIP CODE 204 FRAZIER COURT AUGUSTA, GA 30909	
(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 #GA50002820. An unannounced onsite visit was made to the facility on 6/05/25. The investigation was started on 6/05/25 and was completed on 6/11/25. No rule violations were cited as a result of this inspection.</p>		