

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000341	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER VIA COGNITIVE HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 105 LUTHERAN DRIVE AUGUSTA, GA 30907	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{B 0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a compliance inspection and investigate intake # GA50001091.</p> <p>An on-site visit was made 02/20/2025. The inspection started on 02/20/2025 and was completed on 02/20/2025.</p> <p>No rule violations were cited as a result of this inspection and investigation.</p>		