

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000178	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Haven at Columbus, The		STREET ADDRESS, CITY, STATE, ZIP CODE 8301 FRANCISCAN WOODS DRIVE COLUMBUS, GA 31909	
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to conduct a complaint inspection (GA50003537, GA50004477, GA50004478, and GA50005057). This inspection started on 8/4/25 and was completed on 8/4/25. On-site visit was made on 8/4/25. No rule violations were cited as a result of this inspection.</p>		