

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000716	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER PREMA AT ASHTON HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 10050 EAGLE DR COVINGTON, GA 30014	
(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# GA50004206. The investigation opened 7/22/25 and was completed 7/28/25. No rule violations were cited as a result of this visit.</p>		