

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000709	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/04/2026
NAME OF PROVIDER OR SUPPLIER Franklin-Johns Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 10595 Medlock Bridge Road Johns Creek, GA 30097	
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	Initial Comments. The purpose of this visit was to investigate intake #GA50008708. An on-site visit was made on 1/28/2026, and the investigation was completed on 2/4/2026. No deficiencies were cited as a result of this visit.		