

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000693	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER FELLOWSHIP HILLSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HILLS AND DALES FROM ROAD LAGRANGE, GA 30240	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>The purpose of this visit was to conduct a CHOW inspection. An onsite visit was made on 4/7/25. No rule violations were cited.</p>		