



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>ALC000725</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>08/09/2025</b></p>
NAME OF PROVIDER OR SUPPLIER  <p style="text-align: center;"><b>SEVEN HILLS SQUARE</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;"><b>279 TECHNOLOGY PARKWAY ROME, GA 30165</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>A review of the facility incident report dated 4/29/25 4:45p.m. showed that physician and the responsible party were notified.</p> <p>During an interview on 8/8/25 at 10:24 a.m., Staff B stated that he/she was under the impression that the incident didn't need to be reported until after the investigation was completed, however, going forward he/she will ensure that all abuse, neglect, or exploitation allegations are reported immediately or within 24 hours.</p>		