

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000724</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>DALTON SQUARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 W WAUGH ST DALTON, GA 30720</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{0000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a relicensure visit and a complaint inspection (GA50006178).</p> <p>This inspection started on 10/23/25 and was completed on 10/123/25. On-site visit was made on 10/23/25.</p> <p>No rule violations were cited as a result of this inspection.</p>		