



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

September 6, 2024

Ms. Mya Cullins, Administrator
Nygil M Cullins Recovery Treatment Center
2101 Tebeau Street
Waycross, GA 31501

Dear Ms. Cullins:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on September 5, 2024 by this office. The report indicates that no deficiencies were cited during the inspection of your facility.

We appreciate the courtesy extended to our representative during the visit. If we may be of assistance at any time, please call our office at (404) 657-5411.

Sincerely,
Willie Dean, MS MAC GCAADC CACI
Director
Behavioral Health Unit

WD:JQ



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Caylee Noggle, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

March 21, 2023

Ms. Mya Cullins, Administrator
Nygil M Cullins Recovery Treatment Center
2101 Tebeau Street
Waycross, GA 31501

Dear Ms. Cullins:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on March 16, 2023 by this office. The report indicates that no deficiencies were cited during the inspection of your facility.

We appreciate the courtesy extended to our representative(s) during the visit. If we may be of assistance at any time, please call our office at (404) 657-5411.

Sincerely,

Willie Dean, Program Manager
Drug Treatment Programs
State of Georgia, Department of Community Health
Healthcare Facility Regulation division

wd:JQ

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER NYGIL M CULLINS RECOVERY TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 TEBEAU STREET WAYCROSS, GA 31501		
(X4) ID PREFIX TAG Z 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS.	ID PREFIX TAG Z 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	>>>> The purpose of this survey on 9.5.24 was to conduct an annual compliance inspection. No rule violations were cited.			

State of GA Inspection Report
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/16/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NYGIL M CULLINS RECOVERY TREATMENT CENTER
2101 TEBEAU STREET
WAYCROSS, GA 31501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	INITIAL COMMENTS. The purpose of this visit was to conduct an initial compliance inspection. No rule violations were cited.	Z 000		

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE