



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

February 28, 2024

Mr. Chris Byers, Administrator
Healthwest Frontiers, LLC
230 Riverstone Parkway, Suite C
Canton, GA 30114

Dear Mr. Byers:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on February 28, 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(s) 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
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division

State of GA, Healthcare Facility Regulation Division

PRINTED: 02/28/2024
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/28/2024
NAME OF PROVIDER OR SUPPLIER HEALTHQWEST FRONTIERS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 230 RIVERSTONE PARKWAY, SUITE C CANTON, GA 30114			
(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	<p>INITIAL COMMENTS.</p> <p>The purpose of this visit was to conduct a compliance survey. No rule violations were cited as a result of this inspection.</p>	Z 000			

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

TITLE

(X6) DATE