

April 19, 2024

Dr. Mya C. Spencer CEO
Beyond Your Ordinary Treatment Center
97 Atlanta Street Ste 100
McDonough, GA 30253

Dear Dr. Spencer:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on April 19, 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

W
D:JQ

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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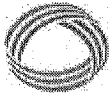
NAME OF PROVIDER OR SUPPLIER BEYOND YOUR ORDINARY TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 97 ATLANTA STREET STE 100 MCDONOUGH, GA 30253
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 on 4.19.24 was to conduct a compliance inspection. No rule violations were cited.</p>	Z 000		

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

TITLE

(X6) DATE



April 25, 2023

Dr. Mya Cullins, Administrator
Beyond Your Ordinary Treatment Center
97 Atlanta Street Ste 100
McDonough, GA 30253

Dear Dr. Cullins:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on April 20, 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:

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001105	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER BEYOND YOUR ORDINARY TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 97 ATLANTA STREET STE 100 MCDONOUGH, GA 30253		
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Z 000	<p>INITIAL COMMENTS.</p> <p>>>>>The purpose of this visit was to conduct a compliance inspection. No rule violations were cited.</p>	Z 000		

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

TITLE

(X6) DATE