

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 016030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/01/2021
NAME OF PROVIDER OR SUPPLIER SUITES AT WILLOW POND (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 4344 COUNTRY CLUB ROAD STATESBORO, GA 30458	
(X4) ID PREFIX TAG {A 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>>>>>The purpose of this inspection was to investigate intake GA00209905. No rule violations were cited as a result of this inspection. The investigation began on 12/9/20 and was completed on 2/1/21.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">016030031</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">02/01/2021</p>
NAME OF PROVIDER OR SUPPLIER <p>SUITES AT WILLOW POND (THE)</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>4344 COUNTRY CLUB ROAD STATESBORO, GA 30458</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">016030031</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">02/01/2021</p>
NAME OF PROVIDER OR SUPPLIER <p>SUITES AT WILLOW POND (THE)</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>4344 COUNTRY CLUB ROAD STATESBORO, GA 30458</p>	
(X4) ID PREFIX TAG	<p style="text-align: center;">SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		