

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PENDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OR SUPPLIER SATILLA BLUFFS SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 SATILLA BLUFFS DRIVE BLACKSHEAR, GA 31516	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	<p>Opening Comments.</p> <p>>>>>The purpose of this inspection is to conduct the initial inspection. No rule violations were cited as a result of this inspection.</p>		