

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">137030031</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">07/17/2023</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">SUITES AT CYPRESS POND, THE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">15 KENT ROAD TIFTON, GA 31794</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>The purpose of this visit was to investigate intake GA00235452 and conduct the compliance inspection. No rule violations were cited as a result of this investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2023
NAME OF PROVIDER OR SUPPLIER SUITES AT CYPRESS POND, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 15 KENT ROAD TIFTON, GA 31794	
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