

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009755	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER LAKESIDE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NORTH CHESTER AVENUE DOUGLAS, GA 31533	
(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 visit was to investigate intake #GA00247448. No citations were made as a result of this investigation.</p> <p>The investigation began on 6/21/2024, an on-site visit was made 6/21/2024 and the investigation was completed 6/27/2024.</p>		