

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137030021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER MAPLE COURT SENIOR RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 2408 NORTH TIFT AVENUE TIFTON, GA 31794	
(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 conduct a compliance inspection. No rule violation were cited as a result of this inspection.</p> <p>An unannounced visit was made on 5/13/2024 at 1:30 p..m. and the investigation was completed on 5/15/2024.</p>		