

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 141030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/17/2023
NAME OF PROVIDER OR SUPPLIER SUITES AT POPLAR CREEK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 114 OLD AIRPORT ROAD LAGRANGE, GA 30240	
(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 GA00229758.</p> <p>The investigation started on 2/14//2023 and was completed 2/16/2023. No rule violations were cited as a result of this investigation.</p>		