STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	PCH010089	A. BUILDING B. WING	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATILLA BLUFFS SENIOR CARE	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}	Opening Comments. >>>> The purpose of this visit was to investigate intake #GA00245755. The investigation started on 4/22/2024 and was completed on 4/24/2024. An onsite visit was made on 4/23/2024. No rule violations were cited as a result of this investigation.