

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 016030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/11/2024
NAME OF PROVIDER OR SUPPLIER SUITES AT WILLOW POND (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 4344 COUNTRY CLUB ROAD STATESBORO, GA 30458	
(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 intakes GA00244160 and conduct the compliance inspection. No rule violations were cited as a result of this investigation.</p>		

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