

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 136030041	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/06/2019
NAME OF PROVIDER OR SUPPLIER SUITES OF WOODLEAF, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 2022 E. PINETREE BLVD. THOMASVILLE, GA 31792	
(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 the compliance inspection. No violations were cited as a result of this inspection.</p>		