

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH002474	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 12/22/2024
NAME OF PROVIDER OR SUPPLIER WOODS SENIOR LIVING COMMUNITY, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 MACON ROAD GRIFFIN GA 30224	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
JSZ5 0000	0000 - Opening Comments. An onsite visit was made to this facility to conduct a compliance inspection and investigate intake GA 00251636. No rules were cited as a results of this investigation. The inspection began on 12/11/24 and completed o 12/12/24.		