

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH002533	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 1/14/2025
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)		
JSZ5 0000	<p>0000 - Opening Comments.</p> <p>The purpose of this visit was to conduct an annual survey and investigate intake #GA50000423. No rule violations were cited as a result of this investigation.</p>		