State of GA, Healthcare Facility Regulation Division

(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED:
PCH002533	B. WING:	1/14/2025
	STREET ADDRESS, CITY, STATE, ZIP CODE	
	2022 E. PINETREE BLVD. THOMASVILLE GA 31792	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
O000 - Opening Comments. 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.		
	CENTIFICATION NUMBER: PCH002533 (R 0000 - Opening Comments. The purpose of this visit was	A. BUILDING B. WING: STREET ADDRESS, CITY, STATE, ZIP CODE 2022 E. PINETREE BLVD. THOMASVILLE GA 31792 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 0000 - Opening Comments. The purpose of this visit was to conduct an annual survey and inves