State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED:
	PCH009158	B. WING:	8/13/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
LAKES CROSSING SENIOR CARE		900 GROSS ROAD KINGSLAND GA 31548	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
JSZ6 0000	>>>>The purpose of this visit was to conduct a re-licensure inspection. An on-site visit was made to the facility on 8/13/2025 at 12:00 pm. No rule violations were cited as a result of this inspection.		

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