

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH001134	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 9/10/2025
NAME OF PROVIDER OR SUPPLIER SUITES AT WILLOW POND (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 4344 COUNTRY CLUB ROAD STATESBORO GA 30458	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
JSZ6 0000	<p>0000 - Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a re-licensure inspection. No rule violations were cited as a result of this inspection.</p> <p>The inspection started on 9/10/2025. An on-site visit was made to the facility on 9/10/2025 at 12:30 pm. The inspection was completed on 9/10/2025.</p>		