

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH002533</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING:	(X3) DATE SURVEY COMPLETED:  <b>4/8/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUITES OF WOODLEAF, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2022 E. PINETREE BLVD. THOMASVILLE GA 31792</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
JSZ6 0000	<p>0000 - Opening Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a compliance inspection. No rule violation were cited as a result of this inspection. An unannounced visit was made on 4/7/2027 at 9:30 a.m. and the investigation was completed on 4/8/2026.</p>		