

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008808	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/24/2021
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30269	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	<p>Opening Comments.</p> <p>>>>>The purpose of this inspection was to investigate intake # GA00216267, and #GA00216258. No rule violations were cited as a result of this inspection.</p> <p>The investigation was started on 8/9/21. An unannounced visit was made to the facility on 8/18/21, and the investigation was completed on 8/24/2021.</p>		

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