

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008808</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>01/17/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE PEACHTREE CITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSTOWN DRIVE PEACHTREE CITY, GA 30269</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{A 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake #GA00229564.</p> <p>No rule violations were cited as a result of this investigation.</p>		