

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 08/31/2023
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 201 CROSTOWN 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 0000}	>>>>The purpose of this visit was to conduct an compliance inspection and investigate intake #GA00237786. No rule violations were cited as a result of this investigation.		