

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR LAKE BRIDGEMILL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>131 HOLLY STREET CANTON, GA 30114</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a compliance inspection and investigate intake #GA00213532 and GA00214136. No rule violations were cited as a result of this investigation.</p> <p>The survey was started on 4/29/21 and was completed on 06/16/21.</p>		