

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000552	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/29/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE BRIDGEMILL		STREET ADDRESS, CITY, STATE, ZIP CODE 131 HOLLY STREET CANTON, GA 30114	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>>>>>The purpose of this visit was to investigate intake #GA00215073, GA00215105, GA00215143, GA00215176. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 06/24/21 and was completed on 08/20/21. On site visit was conducted on 06/29/21.</p>		