

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 10/28/2021
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 000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA00217932, and GA00218434. The investigation was started on 10/12/21 and was completed on 10/28/21. No rule violations were cited as a result of this investigation.</p>		