

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>1-091-1062</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>07/03/2025</b></p>
NAME OF PROVIDER OR SUPPLIER  <p style="text-align: center;"><b>COASTAL MANOR</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;"><b>128 COASTAL MANOR DRIVE SE LUDOWICI, GA 31316</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{N 000}	Initial Comments		