

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 2/5/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-091-1062		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/07/2026	
NAME OF PROVIDER OR SUPPLIER COASTAL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 128 COASTAL MANOR DRIVE SE LUDOWICI, GA 31316			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000	INITIAL COMMENTS An Abbreviated/Partial Extended Survey to investigate complaint 2633054 was conducted on January 7, 2026. Complaint 2633054 was unsubstantiated with no regulatory violations cited. Census 89.			F 0000			