

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH001537	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER LANDINGS OF COLUMBUS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 6830 RIVER ROAD COLUMBUS, GA 31904	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a complaint inspection (GA50006245 and GA50006455). This inspection started on 10/20/25and was completed on 10/20/25. On-site visit was made on10/20/25. No rule violations were cited as a result of this inspection.</p>		