

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PCH009008</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">05/31/2023</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">NORTHSTAR PLACE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">3250 QUICK WATER LANDING NW KENNESAW, GA 30144</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>>The purpose of this visit was to investigate intakes #GA00235045. No rule violations were cited as a result of this investigation.		

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