

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 08/27/2025
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)		
{0000}	<p>Initial Comments.</p> <p>The purpose of this visit was to investigate intake #GA50004254, GA50004412, and GA50002089. An on-site visit was made on 08/18/25 and it was completed on 08/27/25. No rule violations were cited as a result of this investigation.</p>		