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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009352 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/26/2024 |
| NAME OF PROVIDER OR SUPPLIER SUNNY GROVE | | STREET ADDRESS, CITY, STATE, ZIP CODE 665 GORDON ROAD BARNESVILLE, GA 30204 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| {A 000} | <p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct the compliance inspection and to investigate intake # GA00245415.</p> <p>An on-site visit was made on 4/24/2024. The investigation started on 4/24/2024 and was completed on 4/26/2024.</p> <p>No rule violations were cited as a result of this inspection and investigation.</p> | | |