

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 073030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE HARTWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 45 WALNUT STREET HARTWELL, GA 30643	
(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 survey was investigate #GA50003923. The investigation and the onsite visit both took place on 8/7/25. The investigation was completed on 8/7/25. No rule violations were cited.</p>		