

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH012335	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER COLONNADE		STREET ADDRESS, CITY, STATE, ZIP CODE 4275 OWENS ROAD EVANS, GA 30809	
(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 investigate intake #GA50001764. An on-site visit was made on 04/29/2025. The investigation started on 04/28/2025 and was completed on 07/10/2025. No rule violations were cited as a result of this inspection and investigation.</p>		