

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH010178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY GARDENS DULUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3450 DULUTH PARK LANE DULUTH, GA 30096</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to conduct a complaint inspection (GA50005436).</p> <p>This inspection started on 9/24/2025 and was completed 9/26/2025.</p> <p>On-Site visit was made on 9/24/2025.</p> <p>No rule violations were cited as a result of this investigation.</p>		