

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DUBLIN PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 FIRETOWER ROAD DUBLIN, GA 31021</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{A 000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA00241322. No rule violations were cited as a result of this investigation.</p>		