

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH006530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>06/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN MANOR SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 RUSSELL RD LAWRENCEVILLE, GA 30043</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>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a compliance inspection. An on-site visit was made to the facility on 6/4/25. No rule violations were cited as a result of this inspection.</p>		