

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008367	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER HOMELIFE ON GLYNCO		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 GLYNCO PARKWAY BRUNSWICK, GA 31525	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50002703. No rule violation were cited as a result of this investigation.</p> <p>The investigation was started on 04/28/2025. An on-site visit was made to the facility on 04/28/2025 at 10:30 am and the investigation was completed on 04/28/2025.</p>		