

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ADC000153	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER JEREMY'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 JONESBORO RD BUILDING 200 UNION CITY, GA 30291	
(X4) ID PREFIX TAG	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 complete an compliance inspection. The onsite visit was made on 2/27/25. The survey started on 2/27/25. The compliance inspection was completed on 2/28/25. There were no rule violations cited as a result of this investigation.</p>		