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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 092030011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 11/09/2024 |
| NAME OF PROVIDER OR SUPPLIER LANGDALE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2720 WINDEMERE DRIVE VALDOSTA, GA 31602 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| {A 0000} | Opening Comments. The purpose of this visit was to investigate intakes GA00251633 and conduct the compliance inspection. No rule violations were cited as a result of this investigation. | | |