

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH009901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/01/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RETREAT AT CONYERS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1504 RENAISSANCE DRIVE CONYERS, GA 30012</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake #GA50005713.</p> <p>An unannounced onsite visit was conducted on 10/1/25, and the investigation was completed on 10/1/25. The Department does not regulate this allegation.</p> <p>No rule violations were cited as a result of this investigation.</p>		