

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH009902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RETREAT AT LOGANVILLE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>580 TOMMY LEE FULLER DRIVE LOGANVILLE, GA 30052</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 investigate intake# GA50004911. The survey began 8/28/25 and concluded 9/5/25. No rule violations were cited as a result of this visit.</p>		