

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PCH009351</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">10/19/2022</p>
NAME OF PROVIDER OR SUPPLIER <p>RIVER PLACE</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>3492 JOHNSTONVILLE ROAD FORSYTH, GA 31029</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>>The purpose of this visit was to conduct an initial inspection. No violations were cited as a result of this inspection.		