

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH009305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/16/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANQUILITY OF CARTERSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>60 MASSELL DRIVE SE CARTERSVILLE, GA 30121</b>	
(X4) ID PREFIX TAG  {A 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	>>>>The purpose of this visit was to conduct a change of ownership inspection. No rule violations were cited as a result of this inspection.		

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