

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAS AT CANTERFIELD, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 ATLANTA HIGHWAY CUMMING, GA 30040</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>The purpose of this survey was to investigate intake #GA50004807. The investigation began on 10/08/25, an onsite visit was made on 10/08/25, and the investigation was completed on 10/8/25.</p> <p>No rule violations were cited as a result of the inspection.</p>		