

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 057030021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER WINTHROP COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 10 HIGHWAY 411 EAST ROME, GA 30161	
(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 a monitoring visit. No rule violations were cited as a result of this inspection.		