

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>102020021</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>08/26/2021</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>WHISPERING PINES</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>6273 HIGHWAY 41, SOUTH BOLINGBROKE, GA 31004</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>An onsite visit was made to the facility on 8/26/21 to complete a compliance inspection.</p> <p>The building was vacant and owner confirmed the facility is closed.</p>		