

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2-076-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/02/2020
NAME OF PROVIDER OR SUPPLIER SOUTHERN PINES		STREET ADDRESS, CITY, STATE, ZIP CODE 801 ELBERTA ROAD WARNER ROBINS, GA 31093	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{N 000}	<p>Initial Comments</p> <p>A relocation survey at Southern Pines was conducted on 1/2/2020. No deficiencies were identified during the survey. The purpose of the survey was to provide an initial environment survey to the new Southern Pines facility which is a replacement facility for Elberta Health Care.</p>		