

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2-076-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>01/02/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHERN PINES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>801 ELBERTA ROAD WARNER ROBINS, GA 31093</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{N 000}	Initial Comments  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.		