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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">2-076-970</p> | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED <p style="text-align: center;">03/28/2025</p> |
| NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">SOUTHERN PINES</p> | | STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">801 ELBERTA ROAD WARNER ROBINS, GA 31093</p> | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| {L 000} | Initial Comments. | | |
| {N 000} | Initial Comments | | |