

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 1/2/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2-071-2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER BUCHANAN HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 144 DEPOT STREET BUCHANAN, GA 30113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LS C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 0000	INITIAL COMMENTS An Abbreviated/Partial Extended Survey to investigate complaints 2567299 and 550940 was initiated on August 18, 2025 and concluded on August 21, 2025 by Certi-Surv Corporation on behalf of Georgia Department of Community Health. Complaints 2567299 and 550940 were substantiated with no regulatory violations cited. Census 44.	F 0000			