

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH012122</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROUSEL HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>173 SOUTH LEE STREET FORSYTH, GA 31029</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{A 0000}	<p>Opening Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this onsite unannounced visit was to complete an compliance inspection. The onsite visit was made on 3/12/25. The inspection started on 3/12/25 and was completed on 3/14/25. No rule violations were cited as a result of this inspections.</p>		