

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000702	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER MANOR LAKE HOSCHTON		STREET ADDRESS, CITY, STATE, ZIP CODE 339 MANOR LAKE CIRCLE HOSCHTON, GA 30548	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>The purpose of this survey was to investigate #GA50005130. The investigation started on 10/17/25. The onsite visit was on 10/17/25. The investigation was completed on 10/21/25. No rule violations were cited as a result of this investigation.</p>		