

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>PCH010175</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>03/06/2024</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>KIMBERLY PCH</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>700 WEST MEMORIAL DR DALLAS, GA 30132</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intakes GA00243683 and conduct the compliance inspection. No rule violations were cited as a result of this investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH010175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY PCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 WEST MEMORIAL DR DALLAS, GA 30132</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH010175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY PCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 WEST MEMORIAL DR DALLAS, GA 30132</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH010175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY PCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 WEST MEMORIAL DR DALLAS, GA 30132</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH010175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>03/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>KIMBERLY PCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 WEST MEMORIAL DR DALLAS, GA 30132</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>PCH010175</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>03/06/2024</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>KIMBERLY PCH</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>700 WEST MEMORIAL DR DALLAS, GA 30132</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Empty space for ID PREFIX TAG	Empty space for SUMMARY STATEMENT OF DEFICIENCIES		