

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000328	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER MANOR LAKE HAMILTON MILL		STREET ADDRESS, CITY, STATE, ZIP CODE 2911 HAMILTON MILL ROAD BUFORD, GA 30519	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>> The purpose of this visit was to investigate intake# GA50002743. The investigation started 5/20/25 and was completed 5/22/25. No rule violations were cited as a result of this visit.</p>		