

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008816	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER RESERVE AT PEACHTREE CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 441 PRIME POINT PEACHTREE CITY, GA 30269	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a complaint inspection (GA50004420, GA50004690, and GA5004907). This inspection started on 8/12/25 and was completed on 8/13/25. On-site visit was made on 8/12/25. No rule violations were cited as a result of this inspection.</p>		