

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009305	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER BROOKSIDE CARTERSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 60 MASSELL DRIVE SE CARTERSVILLE, GA 30121	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>Opening Comments.</p> <p>An on-site visit was made to the facility on 3/20/25 for a compliance inspection and to investigate #GA50001347. The investigation started on 3/20/25 and was completed on 3/20/25.</p>		