

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CHOW	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER SMYRNA VILLAGE-PENDING		STREET ADDRESS, CITY, STATE, ZIP CODE 1418 SPRING STREET SE SMYRNA, GA 30080	
(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 intake #GA00246673.</p> <p>An onsite visit was made on 6/5/24 and the investigation was completed on 6/7/24.</p> <p>There were no rule violations cited as a result of this investigation.</p>		