

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008478 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/11/2025 |
| NAME OF PROVIDER OR SUPPLIER REGENCY HOUSE OF BUFORD | | STREET ADDRESS, CITY, STATE, ZIP CODE 4450 OLD HAMILTON MILL ROAD BUFORD, GA 30518 | |
| (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 survey was to investigate #GA50003041 and #GA50003082. The onsite visit was on 6/13/25. The survey was completed on 7/11/25. No rule violations were cited.</p> | | |