

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009162	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 255 ELM STREET CUMMING, GA 30040	
(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 investigate intakes GA50004598 and GA50005532. The survey began 8/27/25 and concluded 8/29/25. No rule violations were cited as a result of this visit.</p>		