

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH012347	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER NORTHSTAR SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 QUICK WATER LANDING KENNESAW, GA 30144	
(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>>>>>The purpose of this visit was to investigate allegation intake GA00252107. No rule violations were cited as a result of this investigation.</p> <p>On-site visit was made on 01/02/25 and it was completed on 01/27/25.</p>		