

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 06/24/2025
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)		
{0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to conduct a complaint investigation GA50002163.</p> <p>This inspection started on 5/30/25 an on-site visit was made on 5/30/25 and the investigation was completed on 6/24/25.</p> <p>No violations were cited as a result of this investigation.</p>		