

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER MANOR LAKE HICKORY FLAT		STREET ADDRESS, CITY, STATE, ZIP CODE 7200 HICKORY FLAT WAY WOODSTOCK, GA 30188	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>The purpose of this survey was to investigate intake #GA50005278. The investigation began on 9/10/25, an onsite visit was made on 9/10/25, and the investigation was completed on 9/10/25 .</p>		