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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH010206 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/15/2025 |
| NAME OF PROVIDER OR SUPPLIER BARCLAY HOUSE OF CARROLLTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 150 COTTAGE LANE CARROLLTON, GA 30117 | |
| (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 conduct a compliance inspection. An on-site visit was made on 4/2/2025. The inspection started on 4/2/2025 and was completed on 4/2/2025. No rule violations were cited as a result of this inspection.</p> | | |