

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009372	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/24/2025
NAME OF PROVIDER OR SUPPLIER LOTUS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 440 TRIBBLE GAP ROAD 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 conduct complaint investigations GA50002523 and GA50006529.</p> <p>This investigation started on 9/24/25 and was completed on 10/24/25. An on-site visit was made on 10/24/25.</p> <p>No rule violations were cited as a result of this investigation..</p>		