

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009399	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025
NAME OF PROVIDER OR SUPPLIER KENNESAW VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 JILES ROAD 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 investigate intake #' s GA50005925.</p> <p>An unannounced on-site visit was made on 10/9/25 and the inspection was completed on 10/17/25. This was a duplicate complaint. The inspection was completed on 9/23/25 under intake # GA50003087 Event ID 46382 .</p> <p>There were no rule violations cited as a result of this survey.</p>		