

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>ALC000696</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>11/22/2022</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>BIRCHES AT VILLA RICA, THE</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>201 PERMIAN WAY VILLA RICA, GA 30180</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake GA00228066.</p> <p>The investigation started on 11/15/2022 and was completed 11/22/2022. No rule violations were cited as a result of this investigation.</p>		