

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000702</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>01/31/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR LAKE HOSCHTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>339 MANOR LAKE CIRCLE HOSCHTON, GA 30548</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	>>>>The purpose of this visit was to conduct the initial inspection. This inspection started on 1/27/22 and was completed on 1/31/22. No rule violations were cited as a result of this inspection.		