

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PENDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER BIRCHES AT VILLA RICA, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 PERMIAN WAY VILLA RICA, GA 30180	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 000}	<p>Initial Comments.</p> <p>The purpose of this visit was to conduct the initial inspection. This inspection started on 9/2/21 and was completed on 9/9/21. No rule violations were cited as a result of this inspection.</p>		