

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000669	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/03/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE ELLIJAY		STREET ADDRESS, CITY, STATE, ZIP CODE 85 HIGHLAND RIDGE ROAD ELLIJAY, GA 30540	
(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 investigate intake #GA00216065, and GA00216455. The investigation was started on 07/30/21 and was completed on 09/17/21. On-site visit was made on 08/03/21. No rule violations were cited as a result of this investigation.</p>		