

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 10/15/2020
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 inspection was to conduct the initial inspection. No rule violations were cited as a result of this inspection.</p>		