

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000611	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/12/2021
NAME OF PROVIDER OR SUPPLIER MANOR LAKE HIRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 68 BREEZY VALLEY CONN HIRAM, GA 30141	
(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 compliance inspection and investigate intake #GA00216662, #GA00216646, #GA00216699, and #GA00217455. No violations were cited as a result of this inspection.</p> <p>The investigation started on 9/17/21 with an onsite visit and the investigation was completed on 11/12/21.</p>		