

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000611</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>11/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR LAKE HIRAM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>68 BREEZY VALLEY CONN HIRAM, GA 30141</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}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake GA00218789, GA00218782. No rule violations were cited as a result of this investigation.</p> <p>This investigation started on 11/17/21, on-site visit was made on 11/17/21, and it was completed on 11/19/21.</p>		