

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">ALC000660</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">12/21/2020</p>
NAME OF PROVIDER OR SUPPLIER <p>MANOR LAKE ATHENS</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>933 US HIGHWAY 29 ATHENS, GA 30601</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>The purpose of this investigation was to investigate #GA00209745. The investigation started on 12/10/20 and was completed on 12/21/20. No rule violations were cited as a result of investigation.</p>		