

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/07/2022
NAME OF PROVIDER OR SUPPLIER BETHEL GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 3805 JACKSON WAY EXT POWDER SPRINGS, GA 30127	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	<p>>>>>The purpose of this visit was to investigate intake # GA00228646. An on-site visit was made to the facility on 11/1/22 and was completed on 11/4/22. No rule violations were cited as a result of this inspection.</p>		