

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">PCH009223</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">11/07/2022</p>
NAME OF PROVIDER OR SUPPLIER <p>BETHEL GARDENS</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p>3805 JACKSON WAY EXT POWDER SPRINGS, GA 30127</p>	
(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>		