

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>ALC000687</b></p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>07/07/2021</b></p>
NAME OF PROVIDER OR SUPPLIER  <p><b>MANOR LAKE DAWSONVILLE</b></p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p><b>3769 KALLIE CIRCLE DAWSONVILLE, GA 30534</b></p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	>>>>The purpose of this visit was to conduct the initial inspection. No rule violations were cited as a result of this inspection.		