

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001104	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/08/2023
NAME OF PROVIDER OR SUPPLIER GENESIS CENTER OF WINDER LLC, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 206 EAST BROAD ST WINDER, GA 30680	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{Z 000}	<p>INITIAL COMMENTS.</p> <p>The purpose of this visit was to conduct an annual compliance inspection. No rule violations were cited.</p>		

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NAME OF PROVIDER OR SUPPLIER GENESIS CENTER OF WINDER LLC, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 206 EAST BROAD ST WINDER, GA 30680	
(X4) ID PREFIX TAG {Z 000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
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