

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001063	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER RELIANCE TREATMENT CENTER OF STATESBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 201 DONEHOO STREET STATESBORO, GA 30458	
(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 RELIANCE TREATMENT CENTER OF STATESBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 201 DONEHOO STREET STATESBORO, GA 30458	
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