

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PENDING</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/08/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LANDING OF BOGART LLC, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2881 MONROE HWY BLDG 300 BOGART, GA 30622</b>	
(X4) ID PREFIX TAG  {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  The purpose of this desk review was to conduct an initial inspection. No rule violations were cited as a result this inspection.		