

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH001537	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/23/2022
NAME OF PROVIDER OR SUPPLIER LANDINGS OF COLUMBUS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 6830 RIVER ROAD COLUMBUS, GA 31904	
(X4) ID PREFIX TAG {A 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>>>>>The purpose of the visit was to monitor services.</p> <p>No rule violations were cited as a result of this visit.</p>		