

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">018030011</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">02/22/2023</p>
NAME OF PROVIDER OR SUPPLIER <p style="text-align: center;">DREAM CATCHER FARM PCH</p>		STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;">286 FOUR POINTS ROAD JACKSON, GA 30233</p>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>>The purpose of this visit was to investigate intake #GA00231192 and #GA00231790. No rule violations were cited as a result of this inspection.		