

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008036	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE BUCKHEAD		STREET ADDRESS, CITY, STATE, ZIP CODE 5455 GLENRIDGE DRIVE, NE ATLANTA, GA 30342	
(X4) ID PREFIX TAG {A 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	>>>>>The purpose of this review is to monitor COVID 19cases and assess infection control process.		