

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000564</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKSIDE GLEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>400 BRADLEY PARK DR COLUMBUS, GA 31904</b>	
(X4) ID PREFIX TAG  <b>{L 0000}</b>	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>  >>>The purpose of this review is to monitor COVID 19 cases and assess infection control processes.		