

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009209	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER PARC AT DULUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 PEACHTREE INDUSTRIAL BLVD DULUTH, GA 30096		
(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 was to monitor COVID 19 cases and assess infection control processes.		