

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000605</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>THRIVE AT AUGUSTA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 INDIGO HALL DRIVE MARTINEZ, GA 30907</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	>>>>>The purpose of this review is to monitor COVID-19 Cases and assess infection control process.		