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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ALC000634</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                       | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/06/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RETREAT AT JASPER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>190 SAMMY MCGHEE BLVD<br/>JASPER, GA 30143</b> |  |
| (X4) ID PREFIX TAG<br><br><b>{L 0000}</b>                    | <b>SUMMARY STATEMENT OF DEFICIENCIES<br/>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br/>REGULATORY OR LSC IDENTIFYING INFORMATION)</b><br><br><b>&gt;&gt;&gt;The purpose of this review is to monitor COVID 19 cases and assess infection control<br/>processes.</b> |  |  |