

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000634	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2025
NAME OF PROVIDER OR SUPPLIER RETREAT AT JASPER		STREET ADDRESS, CITY, STATE, ZIP CODE 190 SAMMY MCGHEE BLVD JASPER, GA 30143	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>>>>The purpose of this visit was to complete a compliance inspection and investigate intake # GA50001056.</p> <p>An onsite visit was made on 3/27/25 and the investigation was completed on 4/15/25.</p>		