

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000635</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>RETREAT AT CANTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE  <b>3333 EAST CHEROKEE DRIVE CANTON, GA 30115</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 process.		