

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000635	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER RETREAT AT CANTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 EAST CHEROKEE DRIVE CANTON, GA 30115	
(X4) ID PREFIX TAG {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	>>>>>The purpose of this review is to monitor COVID-19 Cases and assess infection control process.		