

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009158	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER LAKES CROSSING SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 900 GROSS ROAD KINGSLAND, GA 31548	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{A 0000}	>>>>>The purpose of this review is to monitor COVID-19 cases and assess infection control process.		