

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 141030031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER SUITES AT POPLAR CREEK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 114 OLD AIRPORT ROAD LAGRANGE, GA 30240	
(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 processes.		