

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>136030041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>04/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUITES OF WOODLEAF, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2022 E. PINETREE BLVD. THOMASVILLE, GA 31792</b>	
(X4) ID PREFIX TAG  {A 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.		