

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009782	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OR SUPPLIER MAGNOLIA PLACE OF ROSWELL PCH & MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 655 MANSELL ROAD ROSWELL, GA 30076	
(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.		