

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000606	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/08/2025
NAME OF PROVIDER OR SUPPLIER SUNABELLA AT SAVANNAH, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11310 WHITE BLUFF ROAD SAVANNAH, GA 31419	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50006041. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 10/06/2025. An on-site visit was made to the facility on 10/06/2025 at 11:00 am and the investigation was completed on 10/06/2025.</p>		