

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKS AT POST ROAD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3875 POST ROAD CUMMING, GA 30040</b>	
(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>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate allegations of intake GA50004240.</p> <p>An on-site visit was made on 8/20/25, and the investigation was completed on 9/11/25.</p> <p>No rule violations were cited as a result of this investigation.</p>		