

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000060	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/18/2025
NAME OF PROVIDER OR SUPPLIER SPANISH OAKS RETREAT		STREET ADDRESS, CITY, STATE, ZIP CODE 8510 WHITFIELD AVENUE SAVANNAH, GA 31406	
(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 #GA500006112. An onsite visit was made on 10/15/2025. The investigation began and ended on 10/15/2025. No rule violations were cited as a result of this investigation.</p>		