

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>08/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARSH'S EDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 RENEGAR WAY SAINT SIMONS ISLAND, GA 31522</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{0000}	<p>Initial Comments.</p> <p>&gt;&gt;&gt;&gt; The purpose of this visit was to conduct a re-licensure inspection. No rule violations were cited as a result of this inspection.</p> <p>An onsite visit was made on 8/5/2025, The inspection began and ended on 8/5/2025.</p>		