

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 121030131	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER AUGUSTA GARDENS RETIREMENT RES		STREET ADDRESS, CITY, STATE, ZIP CODE 3725 WHEELER ROAD AUGUSTA, GA 30909	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>>>>>The purpose of this visit was to investigate intakes #GA50004360, GA50003726 and GA50003752. An on-site visit was made on 08/05/2025. The investigation started on 08/05/2025 and was completed on 09/25/2025. No rule violations were cited as a result of this inspection and investigation.</p>		