

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>07/02/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKS AT OAKLAND PLANTATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>166 OAKLAND PARKWAY LEESBURG, GA 31763</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 compliance inspection. No rule violation were cited as a result of this inspection. An unannounced visit was made on 6/30/2025 at 2:15 p.m. and the inspection was completed on 7/2/2025.</p>		