

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000650</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>10/14/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMONY AT SAVANNAH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9136 OLD MONTGOMERY ROAD SAVANNAH, GA 31406</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; An off-site review was conducted to investigate intake #GA50005294. The investigation began on 10/1/2025 and was completed on 10/7/25. No rule violations were cited related to this review.</p>		