

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000616	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT SAVANNAH		STREET ADDRESS, CITY, STATE, ZIP CODE 7410 SKIDAWAY ROAD SAVANNAH, GA 31406	
(X4) ID PREFIX TAG {0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>Initial Comments.</p> <p>>>>>The purpose of this visit was to investigate intakes #GA50005714 and #GA50005769. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 9/24/2025. An on visit was made to the facility on 9/24/2025 at 10:00 am. The investigation was completed on 9/24/2025.</p>		