

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000122	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/02/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT STOCKBRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 475 COUNTRY CLUB DRIVE STOCKBRIDGE, GA 30281	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Initial Comments.</p> <p>The purpose of this visit was to investigate intake GA 50005689 and GA 50005519. No rules were cited as a result of this investigation. This investigation began on 9/30/25 and ended on 9/30/25.</p>		