

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000621</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>06/16/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKS AT TUCKER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 MONTREAL ROAD TUCKER, GA 30084</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>The purpose of this visit was to investigate intake #GA50003195. An onsite visit was made on 6/12/25. The investigation started on 6/12/25. The investigation was completed on 6/12/25. There were no rule violations cited as a result of this investigation.</p>		