

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000305</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/29/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNABELLA SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 W MONTGOMERY CROSSROADS SAVANNAH, GA 31406</b>	
(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>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intake #GA50005863. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 9/29/2025. An on-site visit was made to the facility on 9/29/2025 at 10:30 am. The investigation was completed on 9/29/2025.</p>		