

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000603	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER SOCIAL AT SAVANNAH, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 PEACHTREE DRIVE SAVANNAH, GA 31419	
(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 intakes #GA50005106 and #GA50005751.</p> <p>The investigation was started on 9/2/2025. An on-site visit was made to the facility on 9/2/2025 at 10:30 am.</p>		