

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000618	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT DALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2470 DUG GAP ROAD DALTON, GA 30720	
(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 #GA50005077. An onsite visit was made on 9/16/25, and the investigation was completed on 9/19/25.</p> <p>No rule violations were cited as a result of this inspection.</p>		