

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH008612	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER OAKS AT ALPHARETTA		STREET ADDRESS, CITY, STATE, ZIP CODE 253 NORTH MAIN STREET ALPHARETTA, GA 30009	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>The purpose of this visit was to investigate intake #GA50003890. An onsite visit was made 7/30/25 and the inspection was completed 8/1/25.</p>		