

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>PCH009931</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>09/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAKS AT CEDAR SHOALS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1291 CEDAR SHOALS DRIVE ATHENS, GA 30605</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>Opening Comments.</p> <p>The purpose of this survey was to investigate #GA50005642 and #GA50005478. The onsite visit was on 9/26/25. The investigation was completed on 9/26/25. No rule violations were cited.</p>		