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|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><p style="text-align: center;"><b>ALC000059</b></p>                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                             | (X3) DATE SURVEY COMPLETED<br><br><p style="text-align: center;"><b>08/15/2025</b></p> |
| NAME OF PROVIDER OR SUPPLIER<br><br><p style="text-align: center;"><b>OAKS AT HAMPTON</b></p> |                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><p style="text-align: center;"><b>5610 HAMPTON PARK DRIVE<br/>CUMMING, GA 30041</b></p> |                                                                                        |
| (X4) ID PREFIX TAG                                                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(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 allegations intake GA50004841, and GA50004835. No rule regulations were cited as a result of this investigation.</p> <p>An on-site visit was made to the facility on 08/05/25 and it was completed on 08/14/25.</p> |                                                                                                                                      |                                                                                        |