

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH001092	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Amber Grove @ Savannah Seasons		STREET ADDRESS, CITY, STATE, ZIP CODE 249 HOLLAND 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>Opening Comments.</p> <p>>>>>The purpose of this visit was to investigate intake #GA50005154. No rule violations were cited as a result of this investigation.</p> <p>The investigation was started on 8/29/2025. An on-site visit was made to the facility on 8/29/2025 at 11:00 am. The investigation was completed on 8/29/2025.</p>		