

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 11/22/2022
NAME OF PROVIDER OR SUPPLIER GARDENS OF SAVANNAH, THE		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)		
{A 0000}	>>>>The purpose of this visit was to investigate intake #GA00228938. No rule violations were cited as a result of this inspection. An onsite visit was made on 10/20/22 and the investigation was completed on 12/15/22.		

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