

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH009749	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 1/24/2025
NAME OF PROVIDER OR SUPPLIER GROVE SENIOR LIVING, LLC (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 1641 VIRGIL LANGFORD ROAD WATKINSVILLE GA 30677	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
JSZ5 0000	0000 - Opening Comments. The purpose of this survey was to conduct an initial inspection. The onsite visit was on 1/16/25. No rule violations were cited.		



2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

Tuesday, January 21, 2025

SHANITA HALL

GROVE SENIOR LIVING, LLC (THE)

1641 VIRGIL LANGFORD ROAD
WATKINSVILLE, GA 30677

Dear Facility Owner

On 1/13/2025 8:30 AM, staff from the **Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Program**, completed a survey of 1641 VIRGIL LANGFORD ROAD.

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

☒ **No violations of the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63**, were cited. Attached is a copy of the Survey Report for your records.

☐ **Violations of the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63, were cited.** Any violations cited is subjected to supervisory review and may be deleted, corrected and/or additional violations. Any revisions of the survey report will be sent under separate cover along with an amended inspection report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement. will be sent later. **Go to: Paragraphs 2, 3, 4 and 5.**

2. STATEMENT OF DISAGREEMENT

- A. If the administrator/provider does not dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for Assisted Living Communities, Chapter 111-8-63-.10 (2)**, a Plan of Correction (POC) must be submitted to the Department, within 10 days of receipt of this letter.
- B. If the administrator/provider disagrees with any of the deficiencies cited in the inspection report and wants to dispute the finding he/she may submit a written statement of disagreement to the program for review. **The Statement of Disagreement must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of**



Correction (see paragraph 3). The Statement of Disagreement must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your Statement of Disagreement and make a determination. **Note- additional violations can be cited based on the review of the Statement of Disagreement.**

- (i) If the Department agrees, in part or fully, with the Statement of Disagreement, the violation(s) cited on the inspection report may be deleted and/or corrected and may result in a reduction and/or elimination of the pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.
- (ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover.

3. PLAN OF CORRECTION (POC)

Pursuant to the Rules and Regulations for Assisted Living Communities, Chapter 111-8-63-.10, within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from the [date of the survey]. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. You will not receive a response from the Department as to whether the POC is acceptable or unacceptable. The POC will be reviewed along with the follow-up inspection, as necessary.

Mail the Plan Of Correction to:

DCH-HFRD,
Assisted Living Communities Program,
2 Peachtree Street,
Suite 31.447,
Atlanta, Georgia 30303-3142

You may send the Plan of Correction to the ***Assisted Living Communities Program*** via email to HFRD.pch@dch.ga.gov.



4. ENFORCEMENT ACTION

Pursuant to the **Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements**, Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

5. POSTING OF THE INSPECTION REPORT

The Assisted Living Communities Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 months. The attached survey report will be on file and will be available online at <https://forms.dch.georgia.gov/HFRD/>.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Shonta Manuel
State Licensure PCH Team, Regional Director
Personal Care Home Program
Healthcare Facility Regulation Division

Attachment

cc: Facility File

FACILITY IDENTIFIERS

Grove Senior Living

Facility Name: _____ Surveyor Name: Joann Echols

Provider Number: PCH009749 Survey Exit Date: 1/16/25

RESIDENT IDENTIFIER	PERSONNEL IDENTIFIER
1. Norman Stuckey	A. Shanita Hall, Executive Director
2. Martha Simonton	B. Carol Brown, Resident Assistant
3.	C. Jessica Hall, Resident Assistant
4.	D.
5.	E.
6.	F.
7.	G.
8.	H.
9.	I.
010.	J. Chantal Anterior-Nesy Resident Assistant
011.	KK.
012.	LL.
013.	MM.
014.	NN.