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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 013429 | (X3) Date Survey Completed 02/07/2018 |
| Name of Provider or Supplier Grove Hill Primary Care | Street Address, City, State 297 South Jackson Street, Grove Hill, AL | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information) |
| E0000 | A recertification survey was conducted on 2/7/18 and the facility was found to be in compliance with the Condition of Participation, Appendix Z, Emergency Preparedness Requirements. |