

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013429	(X3) Date Survey Completed 12/10/2025
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.		

(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 at Grove Hill Primary Care 12/9/25 to 12/10/25. The facility was found to be in substantial compliance with the Emergency Preparedness requirements at 491.12, Conditions for Certification for Rural Health Clinics.