

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  013429	<b>(X3) Date Survey Completed</b>  12/10/2025
<b>Name of Provider or Supplier</b>  Grove Hill Primary Care	<b>Street Address, City, State</b>  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.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>  (Each deficiency should be preceded by full regulatory or LSC identifying information)
<b>J0000</b>	A recertification survey was conducted at Grove Hill Primary Care 12/09/25 to 12/10/25. Standard level deficiencies were cited which will require a plan of correction.