

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 1/2/2026  
FORM APPROVED  
OMB NO. 0938-0391

|                                                                     |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                        |                                                        |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>1-029-602</b>                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                   |                                                                                                                        | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/23/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PRUITTHEALTH - GRANDVIEW</b> |                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>165 WINSTON DRIVE<br/>ATHENS, GA 30607</b> |                                                                                                                        |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LS C IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE CROSS-<br>REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
| F 0000                                                              | <b>INITIAL COMMENTS</b><br><br>An Abbreviated/Partial Extended Survey to investigate complaints 26144871 and 550678 was initiated on October 22, 2025, and concluded on October 23, 2025. Complaints 26144871 and 550678 were unsubstantiated. There were no deficiencies cited for complaints 26144871 or 550678. The facility census on October 22, 2025, was 63 residents. | F 0000                                                                                     |                                                                                                                        |                                                        |