

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCH012270	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 2/25/2026
NAME OF PROVIDER OR SUPPLIER GRACE GARDEN		STREET ADDRESS, CITY, STATE, ZIP CODE 2470 US HWY 41 N FORT VALLEY GA 31030	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
JSZ6 0000	<p>0000 - Opening Comments.</p> <p>The purpose of this visit was to conduct the annual compliance inspection. An unannounced onsite visit was made on 2/25/26 and was completed on 2/25/25. No rule violations were cited as a result of this inspection.</p>		