GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Dean Burke, MD, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

9/21/2026

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
lynette.burrell@arborcompany.com
(RECEIPT OF THIS NOTICE IS PRESUMED TO BE THE DATE THIS NOTICE IS E-MAILED)

Sent via Certified Mail **{INSERT CERTIFIED MAILING #}**
Sent via Regular Mail
Lynette Burrell, Administrator
4461 SOUTH MAIN STREET
ACWORTH, GA 30101
United States

Re: Arbor Terrace Acworth
Notice of Survey Results (NOSR)

Dear Sir or Madam or Lynette Burrell,

On 9/17/2026, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), State Licensure PCH Team***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-63**.

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_XX__No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not want to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above-mentioned chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency that was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies.
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from 9/22/2026 5:00 PM .Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement

Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it will post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 months. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/ .

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Shonta Manuel

Shonta Manuel, Regional Director
Personal Care Home Program
404-657-5700
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

File Help

Edit Filter

1 of 1 100%

PRINTED: 9/2
FORM APPR

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000235	A. BUILDING B. WING:	9/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace Acworth	**4461 SOUTH MAIN STREET ACWORTH GA 30101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. >>>> An off-site review was conducted to investigate intake #GA50012415. The investigation began 9/1 and was completed 9/17/26. No rule violations were cited related to this review.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Dean Burke, MD, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

6/18/2026

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
lynette.burrell@arborcompany.com

Lynette Burrell, Administrator
4461 South Main Street
Acworth, GA 30101

Re: Arbor Terrace Acworth
Notice of Survey Results (NOSR)

Dear Ms. Burrell,

On 5/12/2026, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), State Licensure PCH Team***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8- 63.**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

XX No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not want to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above-mentioned chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute

Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. The SOD must include documentation, witness statements or other evidence showing the deficiency that was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies.
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from 6/18/2026. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain

compliance once corrections are made may result in further sanctions, including revocation of your permit.

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it will post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 months. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/ .

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Elizabeth Thomas

Elizabeth Thomas, Compliance Specialist III, QA State Programs
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division
Personal Care Home Program
17th Floor, 2 Martin Luther King Jr Dr SE, East Tower
Atlanta, GA 30334

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000235	A. BUILDING B. WING:	6/8/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace Acworth	4481 SOUTH MAIN STREET ACWORTH GA 30101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. The purpose of this visit was to investigate allegation intake GA50010953. An on-site visit was made on 5/12/2026, and the investigation was completed on 6/8/2026. No rule violations were cited as a result of this investigation.

HFR Healthcare Facility Regulation

Resident/Participant Identifiers

Facility Name:	Arbor Terrace Acworth	**Provider Number:**	ALC000235
Surveyor(s):	Nazila Aghazadeh	**Survey Exit Date:**	5/12/2026

	Resident/Participant Name	Phone Number	Notes
R1.	Harriette Norrie		MC resident .
R2.			
R3.			
R4.			
R5.			
R6.			
R7.			
R8.			
R9.			
R10.			
R11.			
R12.			
R13.			
R14.			
R15.			
R16.			
R17.			
R18.			
R19.			
R20.			
R21.			
R22.			
R23.			
R24.			
R25.			
R26.			

Additional Notes

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

May 19, 2026

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
Lynette.Burrell@arborcompany.com

Lynette Burrell (Executive Director)
4461 S. Main Street
Acworth, GA 30102

Re: Arbor Terrace Acworth
Notice of Survey Results (NOSR)

Dear Lynette Burrell:

On 4/22/26, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD)***, **State Licensure PCH Team,** completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-63 (Assisted Living Communities)**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

__X__ **No violations of the Rules and Regulations of the above referenced Program** were cited. Attached is a copy of the Survey Report for your records.

__**Violations of the Rules and Regulations for *the above referenced chapter***, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not desire to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above referenced chapter,*** a Plan of Correction (POC) must be developed and submitted to the

Department, within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from the {INSERT DATE}. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

> **NOTE:** For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
> *See: R & R 111-8-25-.05(1) (e) (5) (i).*

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 months. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Minea Andrews

Minea Andrews, Regional Director
Personal Care Home Program
pchprogram.hfrd@dch.ga.gov
Healthcare Facility Regulation Division

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000235	A. BUILDING B. WING:	4/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace Acworth	4461 SOUTH MAIN STREET ACWORTH GA 30101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. The purpose of this survey was to investigate intake #GA50010564. An onsite visit was made on 4/22/26. The survey started on 4/22/26. The survey was completed on 4/22/26. No rule violations were cited as a result of this investigation.

PERSONAL CARE HOME PROGRAM

HEALTHCARE FACILITY REGULATION DIVISION

CENTER/FACILITY IDENTIFIERS

Facility Name: Arbor Terrace Acworth **Surveyor Name:** Michelle Davis

Provider Number: ALC000235 **Survey Exit Date:** 4/22/26

RESIDENT IDENTIFIER	PERSONNEL IDENTIFIER
1. William Wingate	A. Lynette Burrell (Executive Director)
2. Jean Thomas	B. Chantease Braxton (Resident Care Director)
3. Daniel Ray	C. Tamara Harris (Resident Assistant)
4.	D. Lovely Mildor (Caregiver)
5.	E. Niesha Measuria (Caregiver)
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.
12.	L.
13.	M.
14.	N.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

3/9/2026

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
Lynette.Burrell@arborcompany.com
(RECEIPT OF THIS NOTICE IS PRESUMED TO BE THE DATE THIS NOTICE IS E-MAILED)

Lynette Burrell, Administrator
4461 S. Main Street
Acworth, GA. 30101

Re: Arbor Terrace
Notice of Survey Results (NOSR)

Dear Ms. Burrell,

On 2/3/26 staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Division***, completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-63.**

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

_X__No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not desire to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above referenced chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department, within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from 3/9/2026. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

> **NOTE:** For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
> *See: R & R 111-8-25-.05(1) (e) (5) (i).*

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 month. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,
Elizabeth Thomas

Elizabeth Thomas, Compliance Specialist III, QA State Programs
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division
Personal Care Home Program
17th Floor, 2 Martin Luther King Jr Dr SE, East Tower
Atlanta, GA 30334

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED:
	ALC000235		**2/3/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace Acworth	**4461 SOUTH MAIN STREET ACWORTH GA 30101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. The purpose of this visit was to investigate intake GA50008787, GA50007699, GA50008161, and GA50007501. The investigation began and was completed on 2/3/2026. An on-site visit was made on 2/3/2026. No rule violations were cited as a result of this inspection.

HEALTHCARE FACILITY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY IDENTIFIERS

Facility Name: ARBOR TERRACE ACWORTH **Surveyor Name:** [Custom Text Prompt(Surveyor)]

Provider Number: ALC000235 **Survey Exit Date:** 2/3/2026 5:00 AM

RESIDENT IDENTIFIER	PERSONNEL IDENTIFIER
1. Mary Patrick	A. Lynette Burrell-Administrator
2. Donald Cox	B. Sharon Durr-Memory Care Director
3. Juanity Seavey	C. Patricia White-Medication Technician
4. Patricia Frison	D. Chantease Braxton Resident Care Director
5.	E.
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.
12.	L.
13.	M.
14.	N.

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Martin Luther King Jr. Drive SE, East Tower | Atlanta, GA 30334 | 404-656-4507 | www.dch.georgia.gov

December 17, 2025

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
lynette.burrell@arborcompany.com

Lynette Burrell Administrator
4461 South Main Street
Acworth, GA 30101

Re: ARBOR TERRACE ACWORTH
Notice of Survey Results (NOSR)

Dear Ms. Burrell,

On 12/3/2025, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD),Personal Care Home Program*** completed a survey of the above referenced facility to assess compliance with Rules and Regulations **Chapter 111-8-63 *Assisted Living Communities.***

1. REPORT OF MOST RECENT SURVEY

Based on the survey findings:

__X_No violations of the Rules and Regulations of the above referenced Program were cited. Attached is a copy of the Survey Report for your records.

___Violations of the Rules and Regulations for *the above referenced chapter*, were cited. Any cited violations are subject to supervisory review and may be deleted, corrected, or have additional violations added. Any revisions of the survey report will be sent under separate cover along with an amended survey report. If the cited violations have resulting and/or additional enforcement action, this notification will be sent after the allowed period for disagreement.

2. STATEMENT OF DISAGREEMENT

A. If the administrator/provider does not desire to dispute the deficiencies cited in the inspection report, pursuant to **Rules and Regulations for *the above referenced chapter,*** a Plan of Correction (POC) must be developed and submitted to the Department, within 10 days of receipt of this letter.

B. If the administrator or provider disagrees with any of the deficiencies noted in the Survey Report and wishes to contest the findings, they may request an Informal Dispute Resolution Review (IDRR) by submitting a written Statement of Disagreement (SOD) to the program for review. **The (SOD) must be submitted within ten (10) days of receipt of this letter ALONG WITH the Plan of Correction (see paragraph 3)**. The SOD must include documentation, witness statements or other evidence showing the deficiency was cited in error. Failure to submit appropriate evidence will not alter the survey results. The program leadership will review your IDRR and Statement of Disagreement to make a determination. **Note - Additional violations may be cited after reviewing of the Statement of Disagreement.**

(i) If the Department partially or fully agrees with the Statement of Disagreement, the violations noted in the inspection report may be deleted or corrected, potentially leading to a reduction or elimination of pending enforcement actions. A revised survey report will be sent under separate cover reflecting the amended information.

(ii) If the Department disagrees with your Statement of Disagreement, the Adverse Action letter, associated with the cited violations will be sent to you under separate cover. A revised 2567 Survey Report will be sent under separate cover.

3. PLAN OF CORRECTION (POC)*

Pursuant to the General Licensing and Enforcement Rules and Regulations Chapter 111-8-25-.06(6), within ten (10) days of receipt of the inspection report you **MUST** submit a written plan for correcting any rule violations identified. This rule also provides that you may also submit, a Statement of Disagreement along with the POC.

The POC shall:

- Identify the methods and procedures to be used in the correction of the deficiencies;
- Identify the dates corrections have or will be completed; and
- Specify how the facility will monitor the corrections to achieve and maintain compliance.

The date by which corrections must be completed shall be **no later than thirty (30) days** from 12/17/25. Your POC will be kept on file. It is the facility's responsibility to monitor the effectiveness of the POC. The POC will be reviewed in addition the program may conduct a follow-up inspection, as necessary.

Please submit the Plan of Correction to the program through the portal link provided in a separate email. The portal may also be accessed at https://gahles.dch.georgia.gov

4. ENFORCEMENT ACTION

Pursuant to the Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, R&R Chapter 111-8-25, the Department may impose a sanction for the violation of any rule. Notice to the governing body regarding the imposition of a sanction will be sent under separate cover after the period to submit a Statement of Disagreement has expired or after the written notification of the program's decision of the Statement of Disagreement has been communicated to the administrator/provider. Failure to correct violations or failure to maintain compliance once corrections are made may result in further sanctions, including revocation of your permit.

> **NOTE:** For Long Term Care Facilities – J Level or higher severity level violations, which causes death or serious physical harm carry a **mandatory minimum fine of $5,000.** Any mandatory fine imposed by the Department may not be reduced on the basis of financial hardship.
> *See: R & R 111-8-25-.05(1) (e) (5) (i).*

5. POSTING OF THE INSPECTION REPORT

DCH-HFRD Rules and Regulations require that the most recent inspection report and POC must be displayed in the home in a location that is routinely used to communicate information to the residents. If the community maintains a website, it shall post a web link on the main page, to provide access to copies of the inspection reports and POC for the previous 18 month. The attached survey report will be on file and will be available online at https://forms.dch.georgia.gov/HFRD/.

If we may be of assistance, please do not hesitate to call or email.

Sincerely,

Elizabeth Thomas

Elizabeth Thomas, Compliance Specialist III, QA State Programs
State of Georgia, Department of Community Health
Healthcare Facility Regulation Division
Personal Care Home Program
17th Floor, 2 Martin Luther King Jr Dr SE, East Tower
Atlanta, GA 30334

Enclosures

cc: Facility File

[1] The Plan of Correction (POC) may also be mailed to the undersigned at 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED:
	ALC000235	A. BUILDING B. WING:	12/3/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE ACWORTH	4461 SOUTH MAIN STREET ACWORTH GA 30101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR4 0000	0000 - Initial Comments. >>>>The purpose of this visit was to conduct a complaint investigation of GA50007191 and GA50007206. This inspection started on 12/3/25 and was completed on 12/3/25. No rule violations were cited .

HEALTHCARE FACILITY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY IDENTIFIERS

Facility Name: ARBOR TERRACE ACWORTH **Surveyor Name:** Hope Norris

Provider Number: ALC000235 **Survey Exit Date:** 12/3/2025 7:00 PM

RESIDENT IDENTIFIER	PERSONNEL IDENTIFIER
01. Carol Grabowy	A. Lynette Burrell, ED
02. Michael Gutknecht	B. Patricia White - Med Tech
03. Thomas Finnegan	C. Yuberki Del Rosirio - Caergiver
04.	D. Lovly Meildor - Caregiver
05.	E. Rachelle Dasy - Caregiver
06.	F. Maryanne Davis - CNA/Med Tech
07.	G. Kim Bryant - Caregiver
08.	H.
09.	I.
010.	J.
011.	K.
012.	L.
013.	M.
014.	N.