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

October 20, 2026

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

Andrea Webb, Executive Director
3581 Braselton Hwy.
Dacula, GA30019

Re: Arbor Terrace at Hamilton Mil
Notice of Survey Results (NOSR)

Dear Ms. Webb:

On 8/27/2026, staff from the ***Department of Community Health (DCH), Healthcare Facility Regulation Division (HFRD), Personal Care Home Programs***, completed a survey of the above-mentioned facility to assess compliance with Assisted Living Rules and Regulations **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 reference 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 Department 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 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 10/20/2026. 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 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,

Elizabeth Thomas

Elizabeth Thomas, Compliance Specialist III, QA State Programs
State Licensing Team Personal Care Home Programs
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.

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:
	ALC000198	A. BUILDING B. WING:	8/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Terrace At Hamilton Mill	3581 BRASELTON HIGHWAY DACULA GA 30019

(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 intakes GA50013477 and GA50013501. The investigation started and was completed on 8/27/2026. An on-site visit was made on 8/27/2025. No rule violations were cited as a result of this investigation.

Resident

Facility Name:	Arbor Terrace at Hamilton Mill	Provider Number:	ALC000198
Surveyor(s):	Emily Salinas	Survey Exit Date:	08/27/2026

	Resident/Participant Name	Phone Number	Notes
R1.	Charlie Cheeseman	No phone	Assisted living section
R2.	Myra Ozley	No phone	Assisted living section
R3.	Barbara Tripson	No phone	MCU
R4.	Irene Valley	No phone	MCU
R5.			
R6.			
R7.			
R8.			
R9.			
R10.			
R11.			
R12.			
R13.			
R14.			
R15.			
R16.			
R17.			
R18.			
R19.			
R20.			
R21.			
R22.			
R23.			
R24.			
R25.			
R26.			

Additional Notes