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

March 10, 2025

IMPORTANT NOTICE-PLEASE READ CAREFULLY
SENT VIA INTERNET EMAIL TO:
ed@gatewaygardensal.com

Heather Barnes, Administrator
138 Gateway Lane
Bethlehem, Georgia 30620

Re: GATEWAY GARDENS ASSISTED LIVING AND MEMORY CARE
Notice of Survey Results (NOSR)

Dear Ms. Heather Barnes

On 2/27/2025, 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 the 3/3/2025. 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
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.

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:
	ALC000571	A. BUILDING B. WING:	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATEWAY GARDENS ASSISTED LIVING AND MEMORY CARE	138 GATEWAY LANE BETHLEHEM GA 30620

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
ASR3 0000	0000 - Initial Comments. >>>>The purpose of this visit was to investigate intake #GA50001218. An onsite visit was made on 2/27/2025 and the inspection was completed on 3/3/2025. No rule violations were cited as a result of this investigation.

HEALTHCARE FACILTY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY/CENTER IDENTIFIERS

Facility Name: **GATEWAY GARDENS ASSISTED LIVING AND MEMORY CARE** **Surveyor Name: COURTNEY MACK**
Provider Number: **Survey Exit Date**

RESIDENT/PARTICIPANT IDENTIFIER	PERSONNEL IDENTIFIER
1. LAVONIA HOLGATE	A. HEATHER BARNES, ADMINISTRATOR
2. PAUL WATSON	B. BRANDY GILREATH, MEMORY CARE DIRECTOR
3. MARIAN SWEATMAN	C. DARSHALL SMITH, CNA
4.	D. BARBARA BILLINGS, CNA
5.	E.
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.