GROVES CENTER

Report ID: CCN 105269
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§ 1 Facility Identity

Facility	GROVES CENTER
CCN	105269
Location	512 S 11TH ST, LAKE WALES, FL, 33853
Ownership type	For profit - Corporation
Certified beds	120

§ 2 CMS Federal Record

Civil money penalties on file	$291,478
Deficiency citations — current cycle	19 (111% vs prior 24 months (9))
Deficiency citations — prior 24 months	9
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	2
Special Focus Facility status	Special Focus Facility
Abuse icon	**Yes — CMS abuse icon currently listed**

§ 3 Federal Penalties in Context

This facility — penalties on file	$291,478
FL state average	$26,765 (this facility is 10.9× the FL average)
National average	$31,239 (this facility is 9.3× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 19 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	G	Complaint
F684	Provide appropriate treatment and care according to orders, resident’s preferences and goals.	G	Complaint
F880	Provide and implement an infection prevention and control program.	F	Standard survey
F881	Implement a program that monitors antibiotic use.	F	Standard survey
F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F610	Respond appropriately to all alleged violations.	D	Complaint
F690	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.	D	Complaint
F697	Provide safe, appropriate pain management for a resident who requires such services.	D	Complaint
F777	Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.	D	Complaint
F554	Allow residents to self-administer drugs if determined clinically appropriate.	D	Standard survey
F605	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.	D	Standard survey
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	D	Standard survey

F645	PASARR screening for Mental disorders or Intellectual Disabilities	D	Standard survey
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	D	Standard survey
F759	Ensure medication error rates are not 5 percent or greater.	D	Standard survey
F760	Ensure that residents are free from significant medication errors.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: HEARTHSTONE SENIOR COMMUNITIES (8 facilities); Owner on file: HEARTHSTONE SENIOR COMMUNITIES, INC. (organization)
Ownership chain	HEARTHSTONE SENIOR COMMUNITIES (8 facilities)
Penalties vs chain average	$291,478 vs $68,501 (4.3× the chain average)
Current deficiencies vs chain average	19 vs 11.9 (1.6× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	0 / 5 (state avg 3.3 · US avg 3)
Health inspection	0 / 5 (state avg 2.8 · US avg 2.8)
Staffing	0 / 5 (state avg 3.3 · US avg 2.9)
Quality measures (QM)	0 / 5 (state avg 4.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/105269
Snapshot SHA-256	aa3c61a784c80f1082165de9b24bb0f3580a94d4497ee8fcfa1f39888babe996
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 105269.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash aa3c61a784c8.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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