

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4993	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2025
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NAME OF PROVIDER OR SUPPLIER CARILLON OAKS LINCOLN AL	STREET ADDRESS, CITY, STATE, ZIP CODE 181 MAGNOLIA ST LINCOLN, AL 35096
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On July 16, 2025, an unannounced licensure survey was conducted for this twenty (20) bed Assisted Living Facility (ALF) with a census of 15.</p> <p>There were no complaints investigated during this survey.</p> <p>There were no deficiencies cited during this survey. The facility was found to be in substantial compliance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-4, Alabama Administrative Code, for Assisted Living Facilities (ALF).</p> <p>GREGORY ZEITLIN, REGISTERED NURSE</p>	A 000		

Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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