

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: D4210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2025
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NAME OF PROVIDER OR SUPPLIER GOLDTON AT ATHENS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 22171 TRADITIONS WAY ATHENS, AL 35613
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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 September 3 and 4, 2025, an unannounced complaint investigation was conducted for this 80 bed Assisted Living Facility (ALF) with a census of 58.</p> <p>There were two complaints investigated during this survey. Interviews were conducted with 17 staff members and 51 residents of the facility during the onsite survey. LC#20250826003 and LC#20250703019 were unsubstantiated with no deficiencies cited as a result of the complaint investigations.</p> <p>The facility was operating 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.</p> <p>CONNIE CHERRY, REGISTERED NURSE</p>	A 000		

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