

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>033030041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>08/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATHERTON PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 TOWER ROAD MARIETTA, GA 30060</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{0000}	<p>Opening Comments.</p> <p>&gt;&gt;&gt;&gt;The purpose of this visit was to conduct a re-licensure and a complaint inspection (GA50004301).</p> <p>This inspection started on 8/13/25 and was completed on 8/18/25.</p>		