

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000088	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/16/2021
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE AT CASCADE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 RESEARCH CENTER ATLANTA DRIVE ATLANTA, GA 30331	
(X4) ID PREFIX TAG {L 0000}	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	>>>>The purpose of this visit was to conduct a compliance inspection and investigate intake #GA00214509. The survey was started on 6/11/21/21 and was completed on 6/16/21. No rule violations were cited as a result of this investigation.		