

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ALC000088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING	(X3) DATE SURVEY COMPLETED  <b>05/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARBOR TERRACE AT CASCADE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 RESEARCH CENTER ATLANTA DRIVE ATLANTA, GA 30331</b>	
(X4) ID PREFIX TAG	<b>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</b>		
{L 0000}	<p>&gt;&gt;&gt;&gt;The purpose of this visit was to investigate intakes #GA00204131, GA00204134, GA00204359. The investigation began on 4/20/20 and was completed 5/4/20.</p> <p>No rule violations were cited as a result of this investigation.</p>		