

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 10/23/2024
NAME OF PROVIDER OR SUPPLIER RETREAT AT CASCADE	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 RESEARCH CENTER ATLANTA DRIVE ATLANTA, GA 30331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{L 0000}	<p>Initial Comments.</p> <p>>>>The purpose of this visit was to investigate intakes ##GA00250465 and GA00250665. An on-site visit was made on 10/9/2024. The investigation started on 10/9/2024 and was completed on 10/23/2024.</p>		
{L 2415} SS= D	<p>111-8-63-.24(2)(o) Residents' Files.</p> <p>Each resident's file must include the following information: ...</p> <p>(o) any signed medical orders impacting end of life care, e.g. do not resuscitate, physician's orders for life sustaining treatment, etc. ...</p> <p> This REQUIREMENT is not met as evidenced by:</p> <p>>>> Based on record review and interview, the facility failed to ensure that each resident file included a signed medical order impacting end of life care, e.g. do not resuscitate, physician's orders for life sustaining treatment for 1 of 3 sampled residents (Resident #1). Findings include: A review of the file for Resident #1, admitted 2/22/2024, showed diagnoses of major depressive disorder, chronic obstructive pulmonary disease (COPD), hypertension and heart failure. There was no Do Not Resuscitate Order in the file. During an interview on 10/23/2024, at 10:53 a.m., Staff D stated that there was not a Do Not Resuscitate Form for Resident #1 on file.</p>		