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| 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 09/09/2025 |
| 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) | | |
| {0000} | <p>Initial Comments.</p> <p>The purpose of this visit was to conduct a compliance inspection and investigate intake GA 50005139. This inspection and investigation began on 9/3/25 and ended on 9/9/25. An onsite visit was conducted on 9/9/25. No rules were cited as a result of this inspection and investigation.</p> | | |