Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964889	A. BUILDING: _____ B. WING _____	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR COVE ALF OF FLORIDA INC	305 NORTH HIAWASSEE RD ORLANDO, FL 32835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A facility monitoring was conducted at Arbor Cove Alf of Florida Inc on 08/06/2024. There was no deficient practice identified at the time of the visit. On 08/06/2024 at 8:45am, arrived at the facility and was greeted by an unlicensed care staff. Observations upon entry revealed 4 residents sitting at the dining room table. The unlicensed care staff was informed that the Agency sent me to do a facility monitoring / wellness check. The unlicensed care staff stated the Administrator was not present, but she would contact her utilizing her cell phone. At 9:48am, I spoke with the Administrator via phone and informed her of our visit due to the facility's phone number listed in floridahealthfinder.gov did not warrant an answer after several attempts made to reach the facility. The Administrator stated, "I left a voice message for your supervisor this morning and awaiting a call back. She also stated, I spoke with another one of your co-workers yesterday. At 9:50am, upon exiting the facility the unlicensed care staff stated, "the facility has 8 residents, one of the residents was at the hospital, so there's only 7 here now.	A 000		