

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964889	(X3) DATE SURVEY COMPLETED 05/04/2016
NAME OF PROVIDER OR SUPPLIER ARBOR COVE ALF OF FLORIDA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 305 NORTH HIAWASSEE RD ORLANDO, FL 32835	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Investigation #2016001674 was conducted on 5/4/2016. Arbor Cove Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2016

Administrator
Arbor Cove Alf of Florida Inc
305 North Hiwassee Rd
Orlando, FL 32835

RE: CCR #2016001674

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 4, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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