

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964889	(X3) DATE SURVEY COMPLETED R 07/26/2017
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 second revisit to complaint investigation #2017002633 was conducted on 7/26/17. Arbor Cove ALF of Florida Inc. Assisted Living Facility, License #9443 had no deficiencies at the time of the visit.