

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964889	(X3) DATE SURVEY COMPLETED 01/25/2018
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 #2018000645 was conducted on . Arbor Cove ALF of Florida, License#9443, had a deficiency at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on an interview the facility failed to have its Comprehensive Emergency Management Plans (CEMP) approved by a local county emergency management agency. Findings: On at 10:00 a.m., an interview was conducted with the administrator via a telephone call. He confirmed he did not have an approval letter for the facility CEMP. Class III		