STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965458	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN COVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **918 EGAN DRIVE** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

A Complaint Investigation #2018000653 was conducted on . Golden Cove Assisted Living Facility (License #9837) had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview, the facility failed to obtain an annual approval for the comprehensive emergency management plan (CEMP) by the local emergency management agency to ensure that all criteria and conditions for the facility' emergency plan have been met for year of 2018.

Findings:

Interview with the administrator on at approximately 10:30 AM he did not have a current approved CEMP from the Orange County Emergency Management agency that his CEMP was approved.

Class III