

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965458	(X3) DATE SURVEY COMPLETED 03/14/2018
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 Re-licensure Survey was conducted on 3/14/2018. Golden Cove Assisted Living Facility (License #9837) had no deficiencies at the time of the visit.