STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965458	R **08/16/2018**
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

08/16/18 desk review conducted to complaint #2018000653. Golden Cove ALF, license #9837, had no deficiencies at the time of the review.