

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965458	(X3) DATE SURVEY COMPLETED 01/10/2019
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

An unannounced monitoring visit related to emergency environmental control plan was conducted on 1/10/19. Golden Cove ALF, had no deficiencies at the time of the monitoring visit.