

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964889	(X3) DATE SURVEY COMPLETED 01/03/2019
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

An unannounced monitoring visit related to emergency environmental control plan was conducted on 1/3/19. Arbor Cove ALF, had no deficiencies at the time of the visit.