STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R 07/29/2019
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

A revisit to complaint investigation #2018000645 was conducted at Arbor Cove ALF of Florida Inc on .

Deficiencies were found at the time of the survey.

0180 - Emergency Management - 58A-5.026(1) FAC

Based on facility record review and interview, the facility failed to have evidence of a written comprehensive emergency management plan (CEMP) that was in accordance with the "Emergency Management Criteria for Assisted Living Facilities."

Findings:

On at 10: AM, staff A, a caregiver was asked to provide a copy of the facility's CEMP. Staff A searched the cabinet for the CEMP and an approval letter and could not locate it.

Staff B, a caregiver who said she worked the night shift assisted with the search and could not locate the CEMP.

Review of the facility records revealed there was no evidence found to confirm that the facility had a written CEMP that was in accordance with the "Emergency Management Criteria for Assisted Living Facilities."

Both staff A and B said at the time they had attempted to call the administrator for her to assist them with the location of the CEMP and she did not answer their calls.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility failed to have evidence that their comprehensive emergency management plan (CEMP) was submitted and approved by the local emergency management agency.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R **07/29/2019**
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)

On _____ at 10: AM, staff A, a caregiver was asked to provide a copy of the facility's CEMP and approval letter from the local emergency management agency. Staff A searched the cabinet for the CEMP and approval letter and said she could not locate it. Staff B, a caregiver who said she worked the night shift assisted with the search and could not locate the CEMP and approval letter.

Review of the facility records revealed there was no evidence found to confirm that the facility had a CEMP and a letter that the plan was submitted and approved by the local emergency management agency.

Both staff A and B said at the time they had attempted to call the administrator for her to assist them with the location of the CEMP approval letter and she did not answer their calls.

Class III