STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953432	07/23/2016
NAME OF PROVIDER OR SUPPLIER **EDEN GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **12221 WEST DIXIE HIGHWAY** **MIAMI, FL 33161**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Monitoring Survey was conducted on , 2016 at Eden Gardens ALF. There was a deficiency identified at time of survey. (lic# 8209)

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to have provided a clean and safe environment for the safety of it's residents at the time of the monitoring survey.

Findings included: Observation during tour of the facility with the Administrator on at 12:10 PM, observed in # in the residents over the toilet. Observed a large opening for the ceiling air vent which was missing and you could see the opening to the unit and the vent cover was on the floor. On the side of the shower there was a section of peeling paint.In the sleeping area of the the ceiling over a residents bed, observed the air condition ceiling vent hanging down from the ceiling.

Interviewed Administrator on at 1:00 PM, in regards to the residents in that condition, she stated that the facility maintenance worker was working on the unit and forgot to replace the vent cover.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eden Gardens Alf
12221 West Dixie Highway
Miami, FL 33161

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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