

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953432	(X3) DATE SURVEY COMPLETED R 02/01/2017
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 standard survey revisit was conducted at Eden Gardens ALF (License #8209) on , 2017 and concluded on , 2017. Deficiencies were identified at the time of the survey: D167 - Resident Contracts - 58A-5.025 FAC Based on record review and interview the facility failed to ensure that the resident contracts contained a signed addendum reflecting changes for 1 out of 11 sampled residents (Residents #9). Findings included: Record review of Resident #9 revealed there was no addendum in resident's file reflecting the current rent. The Administrator stated on at 1:40 pm that the facility had faxed the contracts to the guardianship program and that the guardian would be coming to the facility that week to bring them, signed. Uncorrected Class III		