

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953432	(X3) DATE SURVEY COMPLETED R 01/23/2017
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 Monitoring Survey revisit was conducted on January 23, 2017. Eden Gardens ALF (License # 8209) with Limited Mental Health component had a deficiency identified at the time of the survey, cited under complaint inspection survey revisit NGYF12, conducted on the same day.