STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968558	R **03/16/2017**
NAME OF PROVIDER OR SUPPLIER **EDEN'S GARDEN ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1598 GILES ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

3/16/17 desk review completed to #2016014437 complaint. There were no deficiencies at the time of the survey review.