STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968558	R **06/26/2017**
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

A revisit to the Change of Ownership (CHOW) was conducted on 6/26/2017. Eden's Garden Assisted Living Facility, LLC (License #12428) had no deficiencies at the time of the visit.