STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966286	R **07/03/2017**
NAME OF PROVIDER OR SUPPLIER **EDEN INN (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4064 SW 51ST STREET** **DAVIE, FL 33314**	

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

0000 - Initial Comments

A desk review to licensure complaint survey, CCR# 2017000158, was conducted on 06/27/2017 and 07/03/17 for The Eden Inn, License #10495. The facility had no deficiencies at the time of the revisit.