

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966197	(X3) DATE SURVEY COMPLETED R 08/07/2018
NAME OF PROVIDER OR SUPPLIER EDEN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5047 CLARCONA OCOEE ROAD ORLANDO, FL 32810	

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

0000 - Initial Comments

8/7/18 desk review conducted to abbreviated relicensure survey. Eden Manor, license # 10439, had no deficiencies at the time of the review.