

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966197	(X3) DATE SURVEY COMPLETED R 04/08/2019
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 A desk review to the monitoring revisit related to emergency environmental control plan was conducted on Eden Manor, had no deficiencies at the time of the review.		