Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969081	A. BUILDING: _____ B. WING _____	R 06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN PARADISE ASSISTED LIVING LLC	6 NW 35TH AVE CAPE CORAL, FL 33993

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up by desk review was completed on 6/12/24 for Eden Paradise Assisted Living LLC, an assisted living facility in Cape Coral, Florida. The follow-up was in response to a relicensure, emergency power plan, health facility reporting system, generator, and visitation form survey completed on 5/30/24. Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 6/11/24. Eden Paradise Assisted Living LLC is recommended for a Standard License for a capasity of 6, effective 6/11/24.	{A 000}		