

ADMINISTRATION

FORM 5000-3547

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966286	(X3) DATE SURVEY COMPLETED 04/22/2014
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint inspection CCR #2014001693 was conducted on 04/22/14 at The Eden Inn. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 1, 2014

Administrator
Eden Inn (The)
4064 SW 51st Street
Davie, FL 33314

Re: CCR #2014001693

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 22, 2014 by a representative from this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

J. W. Mayo-Davis
for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
SJK1

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