| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966197 | 05/13/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Eden Manor | 5047 Clarcona Ocoee Road Orlando, FL 32810 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**

0026-Resident Care - Social & Leisure Activities-05/13/2014
0054-Medication - Records-05/13/2014
0056-Medication - Labeling And Orders-05/13/2014
0076-Do Not Resuscitate Orders (dnros)-05/13/2014
0077-Staffing Standards - Administrators-05/13/2014
0078-Staffing Standards - Staff-05/13/2014
0081-Training - Staff In-Service-05/13/2014
0082-Training - Hiv/aids-05/13/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/13/2014
0085-Training - Nutrition & Food Service-05/13/2014
0090-Training - Do Not Resuscitate Orders-05/13/2014
0167-Resident Contracts-05/13/2014
Z815-Background Screening; Prohibited Offenses-05/13/2014

**Specific Tag Findings:**

0000-Initial Comments
The revisit to Relicensure Survey was conducted on 5/13/14.
Eden Manor Assisted Living Facility had corrected the deficiencies at the time of the revisit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 14, 2014

Administrator
Eden Manor
5047 Clarcona Ocoee Road
Orlando, FL 32810

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 13, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/bc
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502, Fax (407) 245-0998