

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966197	(X3) DATE SURVEY COMPLETED 05/13/2014
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 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.



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:

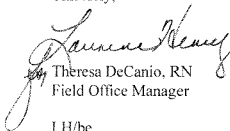
This letter reports the findings of a state licensure survey revisit conducted on May 13, 2014 by representative(s) of this office.

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/be
Enclosure

