

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966286	(X3) DATE SURVEY COMPLETED 04/23/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on 4/23/2015 at The Eden Inn. The facility had no deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2015

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

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on April 23, 2015 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call this office at (561) 381-5840.

Sincerely,


Ariene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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