AH Form Approved
11/12/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968558	A. Building B. Wing	11/9/2015

Name of Facility	Street Address, City, State, Zip Code
EDEN'S GARDEN ALF LLC	1598 GILES ST NW PALM BAY, FL 32907

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS: 58A-5.0181 LSC	Correction Completed 11/12/2015 0008	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 11/12/2015 0091	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 11/12/2015 0162
ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
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Reviewed By State Agency	Reviewed By L. Henry for T. Duncan	Date: 11/12/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 10/8/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2015

Administrator
Eden's Garden Alf LLC
1598 Giles St NW
Palm Bay, FL 32907

RE: Desk review to relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey review conducted on November 9, 2015 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

DT9D

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