STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968281	04/18/2016
NAME OF PROVIDER OR SUPPLIER **EL EDEN CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10460 NW 129 STREET** **HIALEAH GARDENS, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A bed increase Survey was conducted on April 18, 2016. El Eden Corp. with Limited Mental Health components had deficiencies identified (cited under the Change of Ownership inspection) at time of survey:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2016

Administrator
El Eden Corp
10460 Nw 129 Street
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports findings of a bed increase state licensure survey that was conducted on April 18, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form. Deficiencies were cited under the Change of Ownership survey conducted on the same day.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

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