STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953432	05/31/2016
NAME OF PROVIDER OR SUPPLIER **EDEN GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **12221 WEST DIXIE HIGHWAY** **MIAMI, FL 33161**	

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

0000 Initial Comments

A Complaint Inspection Survey (CCR #2016003130) was conducted on / . Eden Gardens Assisted Living Facility, Inc. License # 8209 with Limited Mental Health component had the following deficiencies at time of survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews the facility failed to provide a safe living environment, and to ensure, closet doors, dressers, headboards, toilets, door knobs, and air conditioners, were in good working order, and failed to maintain the facility free of hazards, to have tubs and sinks free of rust, for 118 out of 118 sampled residents.
Findings included:
Observation during the facility tour on / from 9:40 am to 12:31 pm # with broken closet door, # air conditioner was in need of repair, resident closet door was broken, # dresser was broken, # air conditioner was missing cover, # had broken dresser, to rust around the sink, # had broken closet door, # resident had broken headboard, and closet door was broken, # closet door was broken and dresser was broken, # closet door was broken and to it had brown spots on the floor, had pieces of wood were on the floor, and was in need of repair, # toilet was missing the top, # dresser was broken, # tub had rust around the floor, # toilet was missing top and closet door was broken, # missing door knob, piece was on the floor. Observed outside patio next to annex of resident garbage and pieces of cardboard on the floor. (Photo Evidence)
Interview on / with Staff G at 10:26 AM and Staff H at 12:28 PM stated, repairs are often done, but the residents continue to break closet doors and dressers.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eden Gardens Alf
12221 West Dixie Highway
Miami, FL 33161

RE: CCR #2016003130

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016003130
XG90

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