

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953432	(X3) DATE SURVEY COMPLETED 09/26/2016
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 monitoring survey was conducted at Eden Gardens ALF (License # 8209) on September 26, 2016.