



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

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** , 2017. 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone: (305) 593-3100; Fax: (305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Twitter.com/AHCAFL
SlideShare.net/AHCAFlorida

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953432	(X3) DATE SURVEY COMPLETED 12/12/2016
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 on 12, 2016. Eden Gardens ALF (License # 8209) with Limited Mental Health component had a deficiency identified at the time of the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe living environment and failed to ensure that structural systems were maintained in good working order for 2 out of 2 sampled residents.

Findings included:

During tour of the facility on 12/12/16 at 9:04 am Resident # 1 stated, " There is no hot water in the room; it takes about 20 minutes for the water to get hot and the pressure is really bad. "

On 12/12/16 at 9:09 am her Resident # 2 confirmed that there was a problem with the water temperature and pressure in their room.

On 12/12/16 at approximately 9:15 am, observed after testing the water for 5 minutes that it did not get hot.

Observed the supervisor come into the room on 12/12/16 at 9:11 am and touch the water; she called maintenance to find out what was happening with the water and she stated that it was probably the switch and that the maintenance would fix it. Observed that the water problem affected Resident # 1 and Resident # 2.

On 12/12/16 at 11:00 am the supervisor stated that the maintenance person had ordered the piece that they needed to fix the problem.

Class III