STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968558	02/22/2017
NAME OF PROVIDER OR SUPPLIER **EDEN'S GARDEN ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1598 GILES ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

Complaint investigation (#2016014437) was conducted on . Eden's Garden ALF, LLC had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to take into considerations the accuracy of information that was provided to the facility on the Resident Health Assessment form (AHCA 1823) to determine the appropriateness of placement of 1 of 3 sampled resident records reviewed (#1).

Finding:

A review of resident #1's record revealed the resident was admitted to the facility on . The resident was under the care of hospice.

Resident #1's health assessment (AHCA1823), dated indicated diagnoses of small cell lung , polymalagia and . The health assessment indicated that the resident was bedbound, had a , needed 24-hour nursing services or , care, and needed total assistance with ambulation and transfer. It also indicated that the resident's needs could not be met in an assisted living facility.

Observation conducted throughout the survey on revealed resident #1 was walking with a walker and was able to make her needs known. She was able to walk to her order to use the toilet.

On at 12:25 p.m., the assistant administrator stated that the resident was able to get out of bed the first night when she was admitted. He added that the resident's was discontinued on . She stated that she was not aware of the information on AHCA 1823. She said that she would need to update resident #1's health assessment.

Class III