STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966286	R **11/13/2017**
NAME OF PROVIDER OR SUPPLIER **THE EDEN INN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4064 SW 51ST STREET** **DAVIE, FL 33314**	

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

0000 - Initial Comments

A desk review revisit was conducted on 11/13/2017 for The Eden Inn ALF (Lic#10495). All outstanding deficiencies were corrected.