

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968281	(X3) DATE SURVEY COMPLETED R 01/16/2018
NAME OF PROVIDER OR SUPPLIER EL EDEN CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10460 NW 129 STREET HIALEAH GARDENS, FL 33018	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on January 16, 2018. El Eden Corp with Limited Mental Health component did not have deficiencies identified at time of the survey (Lic #12202).