

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966197	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER EDEN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5047 CLARCONA OCOEE ROAD ORLANDO, FL 32810	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control plan was conducted Eden Manor, had a deficiency at the time of the monitoring visit. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan. Findings include: On at 3:15 p.m. during an interview and tour of the facility, the agency observed a generator in the garage area. Interview with the staff revealed they were unaware of how to operate the backup emergency generator. Class III		