

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966286	(X3) DATE SURVEY COMPLETED 03/06/2019
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 An unannounced abbreviated re-licensure survey, conducted on at The Eden Inn ALF, License #10495. The facility had deficiencies at the time of the survey. 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on employee record review, staffing schedule, and staff interview, the facility failed to ensure 1 of 3 staff members has a completed course in First Aid/ and holds a currently valid card documenting completion of such courses (Administrator). The findings include: During employee record review for Administrator (hire date of), there was no documentation contained within the employee's file, showing completed an approved course in First Aid/ and holds a currently valid certification card (expiration date of). Review of the facility's staffing schedule revealed the Administrator works alone with the residents, scheduled to work from 7:00 PM-7:00 AM. Therefore, required to have a current and valid First Aid/ certification. During an interview with the Assistant Administrator, on at 1:30 PM, she confirmed the findings and no further documentation or information provided. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division. The findings included: During an interview with the Assistant Administrator, on at 10:40 AM, she stated that the facility submitted the plan to the local Emergency Management Division office on However, she stated that she cannot locate the facility's last CEMP approval letter. The facility is required to submit the new plan 60 days prior to the expiration date. Further record review reveal applications for town and city		

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permits to install a fixed generator. The Assistant Administrator was present during the survey and confirmed the findings and no further documentation provided. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review, observation, and interview the facility failed to provide a current EECF Emergency Environmental Control Plan approval letter by the local Emergency Management Division. In addition, the facility failed to develop written policies and procedures to ensure the staff members can effectively operate; test; and maintain the alternate power source, including any fuel required for the operation of the alternate power source. The findings included: During an interview, on the Generator Assessment with the Assistant Administrator, on at 10:30 AM, she stated that the facility plan is pending approval of local permits to install a fixed generator. During a tour of the facility, 2 two portable generators were observed in the event of a power outage. A record review of the facility's emergency plans revealed no written policy and procedure on how to operate; test; and maintain the alternative power source, including any additional fuel that is necessary to operate the generator. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan. During an interview with the Assistant Administrator on at 10:30 AM, she confirmed the findings and no further documentation or information provided. Class III		