

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968558	(X3) DATE SURVEY COMPLETED 03/13/2019
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 The relicensure survey was conducted on Eden's Garden Assisted Living, license #12428, had deficiencies at the time of the visit. 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on personnel record review and interview, the facility failed to ensure that direct care staff received required in-service training for 1 of 2 sampled staff (B). Findings: Personnel record review for staff B (unlicensed caregiver, hired) did not reveal any evidence for the required 2 hour pre-service orientation. On at 2:45PM, the administrator confirmed staff B had been training in the facility, but had not received the 2 hour pre-service orientation. Class III 0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS Based on resident contract review and interview, the facility failed to ensure that the facility contract included: 1) religious affiliation, 2) 45 day notice of termination by the facility, 3) a statement indicating "if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond" as per 429.24(3)(a), F. S. for 1 of 2 sampled residents. (#4) Findings: Record review for resident #4 revealed a contract signed on by the resident's Power of Attorney. Review of the contract did not reveal a statement indicating if the facility had an affiliation with a religious entity or not, did not include a statement that the facility must provide a 45 day notice of discharge to the resident, and did not contain language describing when the facility intends to make a claim against the refund to a resident after discharge.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

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On . . . at 2:15PM, the administrator confirmed the above content was not in the contract she was using. Class		