STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953232	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ebenezer Family Home	6690 West 14 Avenue Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unanounced Limited Nursing Services Monitoring survey was performed at Ebenezer Family Home on , 2013. Deficiencies were found at time of survey.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview facility failed to follow the admission criteria for 1 out of 4 sampled residents (#2).

Findings include:

Record review of resident # 2 revealed that resident was admitted to facility on // and was admitted to hospice on . Also revealed that the first progress note from facility on states: "Resident is not able to walk, can not move any extremity." The first health assessment was done on and states that resident needs assistance with all ADLs but does not specifies what type of assistance.

On interview on , 2013 at 10:45 am owner stated that when resident was admitted he did not want to get out of bed or to do anything and they admitted the resident to hospice the next day after admission.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview facility failed to follow the continue residency criteria for 1 out of 4 sampled residents (# 2).

Findings include:

Record review of resident # 2 revealed that resident was admitted to facility on and was admitted to hospice on . Also revealed that the first progress note from facility on states: "Resident is not able to walk, can not move any extremity." The first health assessment was done on and states that resident needs assistance with all ADLs but does not specifies what type of assistance and does not specifies that resident is under hospice care. Last health assessment was done by a diferent doctor on and states that resident requieres medication administration and needs supervision with all ADLs.

On interview on , 2013 at 10:45 am owner stated that resident is able to sit in the bed and a few times he is able to walk but most of the time he is not able to walk. Sometimes resident is able to feed himself but most

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of the times he has to be fed. Mostly he needs total assistance with his ADLs. She stated that when resident was admitted he did not want to get out of bed or to do anything and they admitted the resident to hospice the next day. She stated: "The doctor told me yesterday that she is coming today to do the new health assessments."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ebenezer Family Home
6690 West 14 Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121