STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	03/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EBENEZER FAMILY HOME 11, INC	1024 SW 11 STREET MIAMI, FL 33129	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Ebenezer Family Home II had the following deficiencies found at time of the survey:

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC

Based on record review and interview the Assisted Living Facility failed to a copy of the facility resident contract for one out of eight sampled residents (#8).

Findings included:

On at 11:19 AM during record review of resident #8's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were not signed either dated by resident or his representative.

On at 2:50 PM during an interview with the Administrator he stated, that he did not have that contract because he was doing a favor of having the resident staying for a few weeks.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have activities even though the activities calendar was posted in common area. Facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

On at 10:30 AM during observation found the 2015 calendar for activities posted.

On at 11:30 was observed during the hours of 9:00 AM to 12:00 PM and from 1:00 PM to 3:00 PM some residents were watching television in the common area and other were sitting in their . The activities were schedule from 2:00 PM to 4:00 PM.

On at 2:00 during an interview with the administrator, she acknowledge and agree to the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	03/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EBENEZER FAMILY HOME 11, INC	1024 SW 11 STREET MIAMI, FL 33129	

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

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

On at 8:12 AM during the tour was observed that there was in # the closet's light bulb was not working, and the light bulb was covered with boxes where the facility store something unidentified. On # there was a door of the closet missing and the other door was lining against the wall.(Pictures).

On at 8:15 AM during an interview with the Care giver he stated that the light bulb was just not working that morning, and that the closet door incident happened just the day before.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have a personnel record and an background screening in file for 1 out of 6 (staff F)sample employees.

Findings included :

On at 11:00 AM was observed Staff F to be interacting with residents and also preparing the lunch for the day. Staff F was working as a regular care giver.

On at 12:00 PM during record review reveled that Staff F did not have personnel file completed, did not have the in services documentation in her file, care giver did not have any documentation at all. Also was reveled that Staff F did not have a copy of her Background Screening.

On at 2:50 PM in an interview with administrator revealed that Staff F, did not have any documentation neither training for her to be working in the facility. Administrator stated, "Come on.. why am I going to get penalized just because Staff F is here just for a few days just trying to help me". Administrator was not happy neither agree with the finding.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and staff interview the assisted living facility failed to ensure that 1 out of 6 (Staff F) sampled staff members have a completed level 2 background screening prior to providing care to residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	03/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EBENEZER FAMILY HOME 11, INC	1024 SW 11 STREET MIAMI, FL 33129	

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

Z815 Continued From page 2

Findings included:

On at 12:00 PM, during a employee record review conducted, revealed that Staff F(hired Unknown) did not have a current result on their background screening in their files

On at 2:50 PM during an interview with the administrator, he acknowledge the findings and he stated that he was going to take care of it as soon as possible.

Unclassified

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review and interview the facility failed to notify the agency of a change in capacity.

Findings Included:

On at 8:12 AM during the tour revealed that there were 8 residents in the facility. According to Staff D Resident #3 was a day care. On the back yard of the facility there was a large shed that was converted to a bed and all the necessary furniture and a air conditioner on the window(picture). When care giver was asked who's that, he replied; this was the Resident #8, but she went to the hospital yesterday, that is the reason why she is not here.

On at 9:39 AM during and interview with Resident #3, she stated that she has been in the facility for over two years. and when asked if she was a day care participants, she stated, "No, I live here"; the resident proceeded to # which her clothing that were hanging in the closet, and the she reply; "you see this is my ".

Record review of the facility posted license revealed the facility is licensed for a capacity of 6 residents.

On at 2:50 PM during the interview with the administrator, when explained the findings. he stated that with reference to Resident #3, that I have to remember that this is a resident who suffers of and that she tends to say the wrong information, and with reference to Resident #8, that she was a day care resident and that she never slept in the facility, shed, that the problem was that the care giver got a little nervous and that is the reason why he said that Resident #8 used to sleep in shed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Ebenezer Family Home 11, Inc
1024 Sw 11 Street
Miami, FL 33129

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on , 2015 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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