STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	**03/24/2015**
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 Limited Nursing Services Monitoring Survey was conducted on , 2015. Ebenezer Family Home II, Inc. had a deficiency at time of survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview facility failed to provide evidence of a negative statement on an annual basis for Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last test ( ) was conducted on / .

On at 11:40 am spoke to Registered Nurse contracted by facility to provide limited nursing services on the phone and she verified that she is contracted by the facility to provide limited nursing services. She also stated that she had a new test done in at the hospital where she works and that she will bring a copy to the facility as soon as she can.

Class III

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 limited nursing services monitoring 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

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