

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/27/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953232	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER EBENEZER FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6690 WEST 14 AVENUE HIALEAH, FL 33012	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on May 05, 2016. Ebenezer Family Home had no identified deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 5, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

