STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **EBENEZER FAMILY HOME 11, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1024 SW 11 STREET** **MIAMI, FL 33129**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey conducted on . Ebenezer Family Home II had the following deficiencies found at time of the survey. Facility license # 12048.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility failed to have updated progress notes for one out of six (Resident #1) sampled residents.

Findings included:

Observation on at 10:00 am revealed that Resident #1 had five coin shaped black/red , , on his forehead area. A review of Resident #1 progress notes revealed no information for that. In addition, health assessment did not reflect any dermal diagnosis.

Observation on at 10:00 am revealed that Resident #3 had a , on him.

Record review of Resident #3 went to hospital on however; there is no written information in his file. The Medication Observation Record reflected that Resident #3 went to hospital on and returned on . Resident #3 came back from hospital with a , due to , problems. However, there was no doctor information in file and third party services information. There was a home health book, which it does not have the doctor order and/or care plan.

Interviewed on at 2:00 pm Staff A stated, "I did not write Resident #3's hospitalization in his file, I will keep that information in writing for next time." In addition, Staff A stated, "Resident #1 has a , it is not in writing, but I will asks the Doctor that give me that diagnosis in writing." Staff A confirmed to not have written information, and he also stated, "Resident #1 is using a Cream for his skin and Resident #3 has a Home Health Nurse to provide services."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on observation, record review and interview, the facility failed to ensure that a third party (Home Health Agency/ Hospice Service) left documentation in the facility of the services provided to two (1 and 2) of six sampled residents.

Findings included:

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

Observation on at 12:00 pm revealed Resident #2's (Lantus 100 units/ 100 units) inside of the refrigerator.

Record review of Resident #1's file revealed that he did not have a physician care plan, hospice's order and/or hospice certification.

Record review of Resident #2's file revealed that there was no documentation of home health care for (Lantus 100 units / 100 units). There was no written information for daily administration.

During conference exit interview on at 2:00 pm, Staff A stated, "Hospice and Home Health Agency is not leaving written information, they are using everything electronically."

Class III