STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968102	R **07/24/2017**
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 Revisit Survey conducted on 07/24/2017. Ebenezer Family Home II had no deficiencies found at the time of the survey. Facility license # 12048.