STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969282	**10/11/2017**
NAME OF PROVIDER OR SUPPLIER **EBENEZER ALF LLC, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **348 ROCKLAND ST** **LEHIGH ACRES, FL 33972**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted on 10/11/17 at Ebenezer ALF, an assisted living facility (license # pending) located in Lehigh Acres, Florida.

No deficiencies were found at the time of the visit. Recommend standard license with a capacity of 10 beds.