STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969282	**08/07/2018**
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 unannounced emergency power plan monitoring and complaint survey for CCR #2018006735 was conducted at The Ebenezer, an assisted living facility (license #13095) in Lehigh Acres, Florida.

The complaint contained 3 allegations, all of which were unsubstantiated.

The following is description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on generator review and interview the facility failed to notify each resident or resident representative in writing of implementation of the emergency power plan.

The findings included:

Review of generator paperwork on showed there was no letter sent to resident's or their representative.

On at 9:13 a.m., in an interview with the administrator she said, "I have not done that yet. I will do it as soon as the emergency power plan is approved."

Class III