STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969282	R **10/22/2018**
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 revisit survey was conducted 10/22/18 at The Ebenezer, an assisted living facility (license #13095) in Lehigh Acres, Florida.

This was a follow-up to the complaint and emergency power plan monitoring survey completed on 8/7/18.

The previous deficiency was found corrected and no new deficiencies were identified.