

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967543	(X3) DATE SURVEY COMPLETED 05/15/2019
NAME OF PROVIDER OR SUPPLIER EBENEZER FAMILY HOME III LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18309 SW 114 COURT MIAMI, FL 33157	

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

0000 - Initial Comments

A Limited Mental Health expansion survey was conducted at Ebenezer Family Home III Llc. on 05/15/19. The facility had no deficiencies at the time of the survey.