STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	**05/30/2019**
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 Change of Ownership survey was conducted at Ebenezer Family Home III Llc. on . . . . through . . . . . Deficiencies were identified at the time of the survey

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication for one out of seven (Resident #7) sampled residents. The facility failed to maintain the contact information on the demographic sheet for one of seven (Resident #7) sampled residents (Resident 7). The facility failed to have documentation of the resident discharged for one out of seven (Resident #7) sampled resident.

Findings included:

A review of Resident #7's record showed no documentation of the written informed consent for unlicensed staff to assist the resident with self-administration of medications. The demographic sheet did not have documentation of the contact information in case of an emergency. The record did not documentation that the resident moved out to live with his niece on . . . . . .

Medication Observation Record review showed the facility assisted Resident #7 with his medications from to .

On at 12:48 PM, the Administrator confirmed that Resident #7 received assistance with his medications and his demographic sheet did not contain the contact information. In addition, he said that Resident #7 went to visit his niece and did not return on . He came a few days later with his niece to pick up all of his belongings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	**05/30/2019**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review, and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for one out of six (Staff F) sampled staff.

Findings included:

Review of background screening database showed that Staff F hired on was listed.

On at 12:48 PM, the Administrator stated Staff F did not worked at the facility. He reported he did not have access to that staff member's profile to update the roster.

On at 2:43 PM, the manager of the background screening unit revealed the facility's owner had access to the employee roster and was able to update employee status'.

On at 9:04 am, the background screening unit, by email, informed the Administrator that the employee was listed on the facility's roster as a provisional employee, and that the facility would not have seen the listing if they had not selected all to view. The unit further stated that the employee had been given and ending employment date of .

Unclassified