Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969282	A. BUILDING: _____ B. WING _____	08/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER ALF LLC, THE	348 ROCKLAND ST LEHIGH ACRES, FL 33972

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure survey was conducted . . . . . at the Ebenezer ALF, LLC., an assisted living facility in Lehigh Acres, Florida. The following is description of the deficiencies.	A 000		
A 083	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff members who have completed courses in first aid and . . . . . , , ( ), including a demonstration in person that he or she is able to perform , and holds a current valid card	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 documenting completion of such courses, is in the facility at all times for 2 (Staff A & C) of 4 employee files reviewed. The findings included: Staff A was hired .. . . as a caregiver. Staff A's employee file contained documentation of completing an online course in first aid and . . Staff A's training did not include an in person demonstration that he is able to perform . . Staff C was hired . . . as a caregiver. Staff C's employee file contained documentation of completing an online course in first aid and . . Staff C's training did not include an in person demonstration that she is able to perform . . On .. . . . at 1:28 p.m., the Administrator said they had completed online courses and hadn't been aware they were not in compliance with the requirement. Class III	A 083		