

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/18/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969032	(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER ELENA'S HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4680 SW 154TH PLACE MIAMI, FL 33185	

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

0000 Initial Comments

An Initial Licensure survey was conducted on 07/13/16. Elena's Home Corp did not have deficiencies identified at the time of survey. A recommendation for a licensed capacity of six (6) beds will be sent to the licensure unit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 18, 2016

Administrator
Elena's Home Corp
4680 Sw 154th Place
Miami, FL 33185

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on July 13, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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