STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	**03/22/2017**
NAME OF PROVIDER OR SUPPLIER **ELENA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1731 SW 11 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Standard Biennail Survey was conducted on . Elena Assisted living facility Corp with Limited mental health component (AL11588) had the following deficiency identified at the time of the visit:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a surety bond for 5 out of 6 (Residents #1, #2, #3, #4 and #5) facility residents.

Findings as follow:

Record review showed the monthly checks of Residents #1, #2, #3, #4, and #5 were deposited directly into the facility's bank account for the name mentioned residents.

On at 12:30 p.m. the Administrator acknowledged Residents #1, #2, #3, #4, and #5 checks were deposited in the facility's bank account.

Class III