STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	**04/18/2017**
NAME OF PROVIDER OR SUPPLIER **ELEANOR'S RETIREMENT HOME,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12315 NW 23RD AVENUE** **MIAMI, FL 33167**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on , , 2017. Eleanor's Retirement Home, with limited nursing services component and license number 9754 had the following deficiency identified at the time of the survey:

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview, the Assisted Living Facility failed to employ or contract with a nurse for providing limited nursing services.

Findings included:

Review of facility's record revealed that there was no documentation indicating that facility hired a nurse to provide limited nursing services.

On at 12:18 PM, the Administrator stated that he was going to keep the facility license on 1st.

Class III