STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	R **07/24/2017**
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 Revisit Survey was conducted on 07/24/2017. Elena Assisted living facility Corp with Limited mental health component (AL11588) had no deficiencies at the time of the visit: