STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	**09/14/2018**
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 complaint (CCR#2018013724) survey was conducted on September 13th, 2018 and concluded on September 14th, 2018. Elena Alf Inc with limited mental health component and license # 11588 decided to surrender the license.