

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965217	(X3) DATE SURVEY COMPLETED R 07/10/2017
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 scheduled on , 2017. Eleanor's Retirement Home, with limited nursing services component and license number 9754 was closed.		

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Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810(3-4) FS; 59A-35.100(1) FAC Based on observation and interview, the Assisted Living Facility failed to inform the Agency that discontinued operating as a provider. Findings included: Observation on at 9:34 AM revealed that facility's gate was closed and there was a realtor's sign in the facility's gate. On at 9:34 AM, at 9:36 AM, and at 9:40 AM, was attempted to contact the facility's administrator via telephone. Voicemail left. Facility's realtor was contacted via telephone on at 9:41 AM. She stated that the house was for sale and the owners had closed the facility in Unclassified		