STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	**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 complaint (CCR 2017005093) survey was scheduled on July 10th, 2017. Eleanor's Retirement Home, with limited nursing services component and license number 9754 was closed.