Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969291	A. BUILDING: _____ B. WING _____	R 11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY PLACE II ALF INC	1221 NW 12TH PL CAPE CORAL, FL 33993

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up survey by desk review was conducted 10/28/24 through 11/4/24 for Serenity Place II ALF INC, an assisted living facility in Cape Coral, Florida. The follow-up was in response to the relicensure, emergency power plan monitoring, health facility reporting system, and visitation form survey conducted on 8/6/24. Based on the facility's plan of correction, and supporting documentation, the deficiencies were corrected as of 9/6/24 and no new deficiencies were identified. .	{A 000}		