STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	**08/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity Place Ii Alf	**256 Barbarossa Rd Nw Palm Bay, FL 32907**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-08/30/2013
0025-Resident Care - Supervision-08/30/2013
0081-Training - Staff In-Service-08/30/2013
0082-Training - Hiv/aids-08/30/2013
0090-Training - Do Not Resuscitate Orders-08/30/2013
0160-Records - Facility-08/30/2013
0161-Records - Staff-08/30/2013
0162-Records - Resident-08/30/2013

Specific Tag Findings:
0000-Initial Comments
An unannounced follow up survey to complaint inspection #2013003007 was conducted on 8/30/2013. No deficiencies were identified at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2013

Administrator
Serenity Place II Alf
256 Barbarossa Rd NW
Palm Bay, FL 32907

RE: Revisit to CCR#2013003007

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 30, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998