

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953233	(X3) DATE SURVEY COMPLETED 04/29/2014
NAME OF PROVIDER OR SUPPLIER Villa Serena II	STREET ADDRESS, CITY, STATE, ZIP CODE 60-62 Nw 33 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0160-Records - Facility-04/29/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A unannounced follow up to a Complaint (2013012600) Survey was completed on April 29, 2014. Villa Serena II had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 12, 2014

Administrator
Villa Serena II
60-62 Nw 33 Avenue
Miami, FL 33125

CCR#2013012600 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on April 29, 2014 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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