

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967313	(X3) DATE SURVEY COMPLETED 08/26/2014
NAME OF PROVIDER OR SUPPLIER Serene Living Facilities	STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Sw 43rd Terrace Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-08/26/2014
0095-Food Service - Contracted Food Service-08/26/2014
L243-Lmh - Training-08/26/2014

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey revisit was conducted on 08/26/14. Serene Living Facilities had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2014

Administrator
Serene Living Facilities
8615 Sw 43rd Terrace
Miami, FL 33155

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial survey revisit conducted on August 26, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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