

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967313	(X3) DATE SURVEY COMPLETED 03/26/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on _____, 2015. Serene Living Facility, Inc. had a deficiency at time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview facility failed to provide evidence of a negative _____ examination on an annual basis for the Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of the Registered Nurse contracted by facility to provide limited nursing services revealed that the last _____ test () was conducted on _____.

Phone interview on _____ at 12:15 pm with the facility's Administrator, he stated that he will get the new documentation from Registered Nurse contracted by facility this week.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Limite Nursing Services Monitoring survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

XG90

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