

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/16/2015  
FORM APPROVED

|                                                                 |                                                                                          |                                                     |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967313</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>09/02/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>SERENE LIVING FACILITIES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8615 SW 43RD TERRACE<br/>MIAMI, FL 33155</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

A Limited Nursing Services Monitoring Survey was conducted on September 02, 2015. Serene Living Facilities, Inc. with Limited Nursing Services and Limited Mental Health had no deficiencies under the surveyed component at time of survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 16, 2015

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

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on September 2, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

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