

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969058	(X3) DATE SURVEY COMPLETED 08/15/2016
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NAME OF PROVIDER OR SUPPLIER SERENITY ISLES ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3980 NW 47 TERR LAUDERDALE LAKES, FL 33319
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An announced Initial survey for a capacity of 8 residents was conducted on 08/15/2016 at Serenity Isles ALF INC. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2016

Administrator
Serenity Isles ALF Inc
3980 Nw 47 Terrace
Lauderdale Lakes, FL 33319

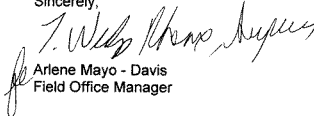
Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on August 15, 2016 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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