



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 27, 2016

Administrator
Villa Serena Vi
2120 Nw 18th Terr
Miami, FL 33125

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on December 19, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/27/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969112	(X3) DATE SURVEY COMPLETED 12/19/2016
NAME OF PROVIDER OR SUPPLIER VILLA SERENA VI	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 NW 18TH TERR MIAMI, FL 33125	

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

0000 - Initial Comments

An Initial licensure survey was conducted on 12/19/2016 at Villa Serena VI with limited mental health component. A recommendation will be sent to the unit for a license capacity of 12 beds.