

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912024	(X3) DATE SURVEY COMPLETED 12/12/2016
NAME OF PROVIDER OR SUPPLIER VILLA SERENA I	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SW 22 TERRACE MIAMI, FL 33145	

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

0000 - Initial Comments

A Resident Wellness Monitoring Survey was conducted on December 12, 2016 at Villa Serena I License #8022.