

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912024	(X3) DATE SURVEY COMPLETED 02/02/2017
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 limited nursing services monitoring survey on 02/01/17 and concluded on 02/02/2017. Villa Serena I with Limited Nursing Services and Limited Mental Health components and license #8022 had deficiencies identified at the time of the survey and cited under biennial survey.