STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**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

Villa Serena I with Limited Nursing Services and Limited Mental Health components and license #8022. Complaint Investigation (CCR #2017000065) (CCR #2017000311) survey was conducted on 2/01/2017-02/02/2017. Villa Serena I had deficiencies at time of the survey and cited under biennial survey.