STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **754-56 N W 22 CPURT** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A monitoring survey revisit to check on residents was conducted on 03/01/17. Villa Serena IV (AL10868) with Limited Nursing services had no deficiencies found at the time of the survey.