STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA II**	STREET ADDRESS, CITY, STATE, ZIP CODE **60-62 NW 33 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Complaint Second Revisit Survey (CCR #2016008926, 2016006760, and 2016007749) was conducted on 03/01/17. Villa Serena II with Limited Nursing Services component, license number 8518, had a deficiency found at the time of survey.

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7),408.803(7),408.810

Based on record review and interview, the facility failed to provide documentation to show financial ability to operate.

Findings included:

Record review showed the facility did not have the income and expense records for the previous three months in the facility.

On at 9:55 AM the assistant administrator stated they sent this information to Tallahassee and to the local office.

Unclassified Deficiency