STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**04/26/2017**
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 monitoring survey to check on the residents well being was conducted on 04/26/17 at Villa Serena I with Limited Mental Health component, license # 8022.