STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	**04/28/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY ISLES ALF INC	**3980 NW 47 TERR** **LAUDERDALE LAKES, FL 33319**

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

0000 - Initial Comments

An Initial Extended Congregate Care survey was conducted on at Serenity Isle ALF License #12897. The facility had a deficiency at the time of the visit.

E202 - ECC - Physical Site Requirements - 58A-5.030(3) FAC

Based on observation and interview, the facility failed to ensure that the physical environment was equipped to provide a ratio of four (4) residents to one (1) on application for an Extended Congregate Care (ECC) license for 8 residents.

The findings include:

During a tour of the facility on , the residence was noted to have five and two . One located inside # which consist of a tub, toilet and sink. # is set up to be a shared 2 residents and that only be used by residents residing # . The second , located off the main living , consist of a shower, toilet and sink. # would have to be used by the six remaining residents.

During an interview on at 11:00 am, the Administrator was made aware of the regulation allowing only 4 residents to 1 ECC. She confirmed there are only two in the residence and that no other are available for the residents to use. She stated that she had a plan in place to allow direct access, from the recreation area of the residence, to the in # allowing # to remain private for any residents residing there. The contract was not available for review.

Class III