STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	**06/07/2017**
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 limited nursing services monitoring survey was conducted on June 7th, 2017. Villa Serena II with limited nursing services component, license number 8518, had deficiencies identified at the time of the survey which were cited under biennial survey.