

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968578	(X3) DATE SURVEY COMPLETED 08/11/2017
NAME OF PROVIDER OR SUPPLIER SERENADES IN THE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 2450 PARR DRIVE, THE VILLAGES LADY LAKE, FL 32162	

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

0000 - Initial Comments

An unannounced complaint survey CCR # 2017005380 was conducted on 8/11/2017 at Serenades at The Villages. No deficiencies were found.