STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968921	R **10/09/2017**
NAME OF PROVIDER OR SUPPLIER **SERENITY VILLA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **559 HEWETT DR** **ORLANDO, FL 32807**	

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Mental Health was conducted on 10/09/2017. Serenity Villa ALF LLC, license #12743, had no deficiencies at the time of the visit.