

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953233	(X3) DATE SURVEY COMPLETED R 10/30/2017
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 Complaint Third Revisit Survey (CCR #2016008926, 2016006760, and 2016007749) desk review was completed on 10/30/17 at Villa Serena II with Limited Nursing Services component, license number 8518.