

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967313	(X3) DATE SURVEY COMPLETED R 11/08/2017
NAME OF PROVIDER OR SUPPLIER SERENE LIVING FACILITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 8615 SW 43RD TERRACE MIAMI, FL 33155	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR #2017011061) was conducted on 11/08/2017. Serene Living Facilities Inc. (AL#11360) had no deficiencies identified at time of the survey.