

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953233	(X3) DATE SURVEY COMPLETED R 11/29/2017
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 Standard Biennial third revisit survey desk review was completed on 11/29/17 for Villa Serena II (License #8518) with Limited Nursing Services component.		