STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	R **11/21/2017**
NAME OF PROVIDER OR SUPPLIER **SERENITY ISLES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3980 NW 47 TERR** **LAUDERDALE LAKES, FL 33319**	

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

0000 - Initial Comments

A revisit to the Initial Extended Congregate Care survey was conducted on 7/13/17 and 11/21/17 at Serenity Isle ALF License #12897. The facility had no deficiencies at the time of the visit.