

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967677	(X3) DATE SURVEY COMPLETED R 11/21/2017
NAME OF PROVIDER OR SUPPLIER VILLA SERENA V	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 N W 6 STREET MIAMI, FL 33125	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/21/2017. Villa Serena V (AL#11694) had no deficiencies identified at time of the survey.