STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	**12/19/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA III**	STREET ADDRESS, CITY, STATE, ZIP CODE **1777 NW 30 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Limited Nursing Services monitoring survey was conducted on December 19, 2017. Villa Serena III (AL#10792) with Limited Nursing Services component had a deficiency cited under the biennial survey.