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 Standard Biennial Survey was conducted on , 2017. Villa Serena III (AL #10792) with Limited Nursing Services component had a deficiency identified at the time of the survey.

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility who is the payee for three residents failed to have a surety bond in place that is double the amount of what the residents' monthly payments (Residents #1, #4 and #9).

Findings included:

Record review revealed that there was a surety bond in place for $5000.00 effective on .

The administrator's assistant stated on at 11:30 AM that the the facility is the payee for Resident # 1, # 4 and # 9. On ay 11:45 AM the administrator's assistant accepted that the facility was short for $408.00 on the surety bond.

Class III