

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953233	(X3) DATE SURVEY COMPLETED 01/05/2018
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 Limited Mental Health component expansion survey was conducted on 01/05/18 at Villa Serena II with limited nursing services component, license number 8518.