STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969349	**03/28/2018**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **178 EVERGREEN ST NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 03/28/2018. Serenity Lifestyle plus II, LLC had no deficiencies at the time of the visit.