

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966615	(X3) DATE SURVEY COMPLETED R 04/02/2018
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 2nd Revisit Survey was conducted on April 02, 2018. Villa Serena III (AL #10792) with Limited Mental Health component had no deficiencies identified at the time of the survey.