

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967313	(X3) DATE SURVEY COMPLETED R 05/14/2018
NAME OF PROVIDER OR SUPPLIER SERENE LIVING FACILITIES	STREET ADDRESS, CITY, STATE, ZIP CODE 8615 SW 43RD TERRACE MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/14/2018. Serene Living Facilities Inc. (license #11360) with Limited Mental Health component had no deficiencies identified at the time of the survey.