STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	R **06/11/2018**
NAME OF PROVIDER OR SUPPLIER **SERENITY ISLES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3980 NW 47 TERR** **LAUDERDALE LAKES, FL 33319**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey to CCR# 2018000165, was conducted on 06/11/2018 at Serenity Isles Alf Inc, License #12897 . Previously cited deficiencies were found corrected.

This survey was conducted inconjunction with the Relicensure survey on the same date. See separate report for findings.