

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/27/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966710	(X3) DATE SURVEY COMPLETED R 07/05/2018
NAME OF PROVIDER OR SUPPLIER VILLA SERENA IV	STREET ADDRESS, CITY, STATE, ZIP CODE 754-56 N W 22 CPURT MIAMI, FL 33125	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 07/05/18. Villa Serena IV with Limited Nursing Services component (license #10863) did not have deficiencies identified at time of the survey.