STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	R **09/10/2018**
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

A Relicensure revisit survey was conducted on 09/10/2018 at Serenity Isles ALF Inc., License #12897. The facility had corrected all outstanding deficiencies at the time of the survey.

This survey was conducted in conjunction with a Generator Monitoring survey; deficient practice was not identified during the survey.