STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969112	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA VI**	STREET ADDRESS, CITY, STATE, ZIP CODE **2120 NW 18TH TERR** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An extended congregate care monitoring survey was scheduled on September 12th, 2018 and concluded on September 13th, 2018. Villa Serena VI, 2018 with Limited Mental Health component (License #12947) had deficiencies cited under the biennial survey.