

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967923	(X3) DATE SURVEY COMPLETED 09/13/2018
NAME OF PROVIDER OR SUPPLIER SERENITY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 14355 HIGHGROVE ROAD SPRING HILL, FL 34609	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On September 13, 2018, an unannounced biennial re-licensure survey was conducted at Serenity House Assisted Living (License #11920). No deficient practice was identified at the time of the survey.		