

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969058	(X3) DATE SURVEY COMPLETED R 11/21/2018
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 unannounced Generator Monitoring revisit survey was conducted by desk review on 11/21/2018 for Serenity Isles ALF Inc, License #12897. The outstanding deficiency was corrected at the time of the desk review survey.