STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966794	R **12/10/2018**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **490 BRIGHTON AVE NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 12/10/2018. Serenity Lifestyle plus LLC. Assisted Living (License #10937) had no deficiencies at the time of the visit.