

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969112	(X3) DATE SURVEY COMPLETED R 12/17/2018
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

A Standard Biennial revisit survey was conducted on December 17th, 2018. Villa Serena VI, 2018 with Limited Mental Health component did not have deficiencies identified at the time of the survey.