STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	R **12/19/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA IV**	STREET ADDRESS, CITY, STATE, ZIP CODE **754-56 N W 22 CPURT** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A capacity increase re-visit survey was conducted on December 19, 2018. Villa Serena IV with limited nursing services component had no deficiencies identified at the time of survey.

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