

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/06/2019  
FORM APPROVED

|                                                                      |                                                                                                             |                                                                     |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968578</b>                                 | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>10/12/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENADES IN THE VILLAGES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2450 PARR DRIVE, THE VILLAGES</b><br><b>LADY LAKE, FL 32162</b> |                                                                     |

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

**0000 - Initial Comments**

An unannounced complaint survey (CCR #2018011189) and an Emergency Power Plan monitoring survey was conducted at Serenades at The Villages, license #12440, on October 12, 2018. No deficient practice was identified at the time of the survey.