

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912024	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER VILLA SERENA I	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SW 22 TERRACE MIAMI, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR# 2019000713) Survey was conducted on and concluded on Villa Serena I (License # 8022) with limited mental health and limited nursing services components had a deficiency identified at the time of the survey: 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on record review and interview the facility failed to provide a safe living environment free of pests. Findings included: Review of the sanitation inspection conducted on revealed that it was unsatisfactory. The comment section stated, "Observed one live small roach in the kitchen cabinet. Inform facility to do more fumigation until the issue is under control. Last fumigation was completed on" On at 11:10 AM Staff A stated, "They found one small roach. We have a company that comes to fumigate. Now we do not have roaches. We are waiting for the re-inspection." Class III		