

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912024	(X3) DATE SURVEY COMPLETED R 04/01/2019
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 #2018006114) Survey third revisit desk review was completed on 04/01/2019 for Villa Serena I with limited mental health and limited nursing services components.