STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	R **03/19/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA V**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 N W 6 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) Monitoring Survey Revisit was conducted on March 19, 2019. Villa Serena V with LNS component had no deficiencies identified at the time of the survey.