STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911240	R **05/13/2019**
NAME OF PROVIDER OR SUPPLIER **VIDA SERENA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 N MELTON AVE** **TAMPA, FL 33614**	

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

0000 - Initial Comments

A revisit to 3/7/2019 Change of Ownership survey with Limited Mental Health (LMH) was done in conjunction with a complaint survey (2019006082) at The Vida Serena Assisted Living on 5/13/2019. The Vida Serena Assisted Living, had no deficiencies at the time of the survey.