STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969349	R **05/13/2019**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **178 EVERGREEN ST NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A revisit to complaint investigation #20180126941 was conducted at Serenity Lifestyle Plus II on 05/13/2019. The facility had no deficiencies found at the time of the visit.