

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969058	(X3) DATE SURVEY COMPLETED 05/23/2019
NAME OF PROVIDER OR SUPPLIER SERENITY ISLES ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3980 NW 47 TERR LAUDERDALE LAKES, FL 33319	

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

0000 - Initial Comments

An unannounced Extended Congregate Care (ECC) Monitoring survey was conducted at Serenity Isles ALF, INC on 05/23/2019. The facility had no deficiencies at the time of the survey.