

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966615	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER VILLA SERENA III	STREET ADDRESS, CITY, STATE, ZIP CODE 1777 NW 30 STREET MIAMI, FL 33142	

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

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on February 15, 2017. Villa Serena III had no deficiencies identified at time of the survey.