

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967032	(X3) DATE SURVEY COMPLETED 08/26/2013
NAME OF PROVIDER OR SUPPLIER Little Havana Hhc	STREET ADDRESS, CITY, STATE, ZIP CODE 100 Tamiami Canal Road Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated biennial survey was conducted on 08/26/2013. Little Havana HHC had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2013

Administrator
Little Havana Hhc
100 Tamiami Canal Road
Miami, FL 33144

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 26, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

IGGN

