STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967805	**03/30/2016**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8260 SW GRAND CANAL DRIVE** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Limited Nursing Services Expansion Survey was conducted on March 30, 2016. Little Havana II with a standard license had no deficiencies identified at time of survey. A recommendation will be forward to Tallahassee to provide the Limited Nursing Services license.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2016

Administrator
Little Havana Ii
8260 Sw Grand Canal Drive
Miami, FL 33144

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 30, 2016 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com