

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 05/24/2016
NAME OF PROVIDER OR SUPPLIER FAIR HAVENS CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 CURTISS PARKWAY MIAMI SPRINGS, FL 33166	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on May 23 and 24 of 2016. Fair Havens Center Llc. had no deficiencies identified under the component at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 8, 2016

Administrator
Fair Havens Center Llc
201 Curtiss Parkway
Miami Springs, FL 33166

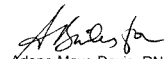
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 24, 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

