STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	R 07/12/2016
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

An Abbreviated Biennial Survey Revisit was conducted on June 12, 2016. Fair Havens Center Llc. (AL4859) with Limited Nursing Services component had no deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 29, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 12, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

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