STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	**07/23/2016**
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 Financial Monitoring was conducted on 07/23/2016. Fair Havens Center Llc, Licence number 4859, had no deficiencies at the time of the visit.