

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/22/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 09/12/2016
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

A Financial Monitoring Survey was conducted on 09/12/16 at Fair Havens Center LLC, with Limited Nursing Services, Licence # 4859.