STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967032	R **06/08/2017**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA HHC**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 TAMIAMI CANAL ROAD** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on June 08/2017. Little Havana Hhc. (License # 11114) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.