STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968963	R **07/24/2017**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2028-2030 NW 5 ST** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Complaint Survey (CCR # 2017001511 and 2017002275) revisit, was conducted on 07/24/2017. Little Havana Living, Llc. with Limited Mental Health component, (AL12839) had no deficiencies identified at the time of the survey: