

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967032	(X3) DATE SURVEY COMPLETED R 08/22/2017
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

An Abbreviated Biennial Survey Revisit was conducted on August 22, 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.