STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969224	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2600 SW 10 ST** **MIAMI, FL 33135**	

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

0000 - Initial Comments

An Initial survey was conducted on 08/17/17. Little Havana ALF, Inc, had no deficiencies found during at the time of the survey. A recommendation will be sent to Tallahassee for licensure for 8 residents.