STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	**08/09/2017**
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 Complaint Survey CCR#2017006316 was conducted on 08/09/2017. Fair Havens LLC (License # 4859) with Limited Nursing Services component had deficiencies identified at the time of the survey which were cited under the monitoring survey conducted on the same day (Aspen #Q6XI11).