

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967805	(X3) DATE SURVEY COMPLETED 02/19/2018
NAME OF PROVIDER OR SUPPLIER LITTLE HAVANA II	STREET ADDRESS, CITY, STATE, ZIP CODE 8260 SW GRAND CANAL DRIVE MIAMI, FL 33144	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on February 19th, 2018. Little Havana II with Limited Nursing Services components had deficiencies identified at the time of the survey and cited under the biennial survey.