

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910925	(X3) DATE SURVEY COMPLETED 04/25/2018
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

On April 25, 2018, an unannounced relicensure biennial survey was conducted at Fair Havens Center Assisted Living Facility (License #4859). No deficiencies were identified at the time of the survey.