

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967805	(X3) DATE SURVEY COMPLETED R 05/14/2018
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 Standard Biennial Revisit Survey was conducted on May 14th, 2018. Little Havana II with license #11820 did not have deficiencies identified at the time of the survey.