STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910925	R **08/20/2018**
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

A Limited Nursing Services Monitoring Survey was conducted on August 20, 2018. Fair Havens Center Llc. (License # 4859) with Limited Nursing Services had no deficiencies identified at the time of the survey.