

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968963	(X3) DATE SURVEY COMPLETED 12/10/2018
NAME OF PROVIDER OR SUPPLIER LITTLE HAVANA LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2028-2030 NW 5 ST MIAMI, FL 33125	

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

0000 - Initial Comments

A complaint inspection (CCR #2018017494) was conducted at Little Havana Living LLC from 12/05/18 through 12/1018. No deficiencies were identified at the time of the inspection.