STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968963	**01/04/2019**
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 resident wellness monitoring inspection was conducted on 01/04/19 at Little Havana Living LLC.