STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967032	**04/26/2019**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA HHC**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 TAMIAMI CANAL ROAD** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Re-Licensure survey was conducted at Little Havana HHC on April 26, 2019. The provider had no deficiencies identified at the time of the survey.