

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969224	(X3) DATE SURVEY COMPLETED 05/14/2019
NAME OF PROVIDER OR SUPPLIER LITTLE HAVANA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SW 10 ST MIAMI, FL 33135	

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

0000 - Initial Comments

A Re-Licensure Survey was conducted at Little Havana ALF, Inc. on May 14, 2019. The provider had no deficiencies at the time of the visit.