

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910975	(X3) DATE SURVEY COMPLETED 04/10/2015
NAME OF PROVIDER OR SUPPLIER SUPERIOR LIVING OF LITTLE HAVANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 SW 20TH AVENUE MIAMI, FL 33135	

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

0000 - Initial Comments

A Monitoring Survey was conducted on 04/10/15. Superior Living of Little Havana, Inc. with Limited Mental Health component had no residents at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

April 21, 2015

Administrator
Superior Living Of Little Havana, Inc
820 Sw 20th Avenue
Miami, FL 33135

Dear Administrator:

This letter reports findings of a Monitoring licensure survey that was conducted on April 10, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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