

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/24/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966216	(X3) DATE SURVEY COMPLETED 04/01/2014
NAME OF PROVIDER OR SUPPLIER Willow Haven Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1220 Ne 207 Street Miami, FL 33179	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on _____, 2014. Willow Haven ALF, Inc had the following deficiency identified at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from _____ for 1 out of 3 (#A) staff members.

Findings include:

Personnel record review conducted on _____, 2014 for staff #A, revealed the staff member did not have proof of current freedom from _____ tuberculosis available. The last statement on file was dated _____ and expired _____.

On _____, 2014 at 3:20 p.m. the administrator verified the staff did not have the updated documentation of freedom from _____ in their files.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Willow Haven Alf, Inc
1220 Ne 207 Street
Miami, FL 33179

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kristal Branton at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

