STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966216	02/25/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Standard Biennial Survey was conducted on , 2016 and concluded on , 2016 at Willow Haven ALF, Inc with Limited Mental Health component. The following deficiencies were identified at time of survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have one out of six (#2) sampled residents' completed health assessment.

Findings included:

Record review revealed Resident #2 (admitted on)'s health assessment (dated) was not completed in section (1) page one, section for medical history and diagnosis, physical or sensory limitations, or behavioral status, and nursing/ treatment/ service requirements stated "see notes."

Interviewed the Administrator on - - at 2:00 PM, she confirmed the findings in regards to Resident #2 needed a completed health assessment.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager at each facility, the facility's Administrator supervised two facilities.

Findings included:

Record review revealed the Administrator supervised has two facilities. Record review revealed that the facility did not have any documentation that a Manager was appointed.

Interviewed the Administrator on at 11:00 AM, she stated she was the Manager and Administrator at this facility.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0162 Records - Resident

Based on record review and interview the facility failed to have one out of six (#5) sampled residents weights recorded at admission.

Findings included:

Record review revealed Resident #5 was admitted to the facility on [redacted] and the facility did not any recorded weights for the resident at admission.

On [redacted], the Administrator reviewed a weight sheet that did not have weights recorded at admission for Resident #5. The findings were confirmed.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have an executed contract for one out of six (#5) sampled residents who was admitted to the facility.

Findings included:

Record review revealed Resident #5 was admitted to the facility on [redacted] and the resident did not have an executed contact with the facility. The resident had a contract addressed to another facility in the record dated [redacted].

Interviewed the Administrator on [redacted] at 1:00 PM, she confirmed the findings in regards Resident #5 not having a signed and dated contract in her chart at the time of the survey.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have one out of four (A.) sampled Employees trained in 3 hours of limited mental health (LMH) every two years.

Findings included:

Record review revealed Employee A.'s last 3 hours of LMH training expired on [redacted]. Employee

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

A. did not have the updated 3 hours of LMH training every two years.

Interviewed the Administrator on - - at 3:00 PM, she confirmed the findings in regards to Employee A. not having her updated LMH training. The Administrator stated Employee A will be scheduled to take the next upcoming training.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observations and interview the facility failed to have one out four (D.) sampled employees rescreened by , 2015.

Findings included:

Observations found on - - at 12:30 PM, Employee D. at the facility with the residents.

Record review for Employee D. (Administrator) revealed the last level II background screening was completed on . The facility did not have an eligible background screening for Employee D. after , 2015.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
XG90

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