

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966216	(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER RS 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

A Change of Ownership (CHOW) Survey was conducted on 03-02-2017 at RS Willow Haven ALF, Inc with Limited Mental Health components. There were no deficiencies identified at time of survey (Lic #10457).