STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966216	10/03/2017
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 Complaint (CCR #2017007716) Survey was conducted on , 2017. RS Willow Haven ALF, Inc with Limited Mental Health component had the following deficiencies identified at time of this survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview the facility failed to have a current activities calendar posted in common area.

Findings included:

Observations on at 9:00 AM during tour found a activities calendar for , 2017 posted in the facility.

Interview on at 11:33 AM with Administrator acknowledged the activity calendar was not changed.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations and interview the facility failed to have a current written work schedule which reflects its 24-hour staffing pattern.

Findings included:

Observations during tour on at 9:15 AM of staffing schedule posted on wall was for the month of , 2017. Staff B found at facility with the residents and was observed assisting residents, cleaning and preparing residents meals. The administrator arrived at the facility at 10:40 AM.

Interview on at 3:30 PM the Administrator acknowledged the staff schedule posted was not current.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, the facility failed to provide documentation of an updated health assessment after the resident was admitted to hospice services for one out of three (#1) sampled

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SUMMARY STATEMENT OF DEFICIENCIES
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residents.

Findings included:

Review of health assessment on file for Resident #1 was dated show her diagnoses as Primary , , Dysmobility, BL Hip OA; OMS with agitation; : OP: S/P L hip ORIF: SIP B/L Sx. The physical or sensory limitations : , mobility. She independent with all of her activities of daily living.

Record review revealed Resident #1 was admitted to hospice services on . Record review found the facility did not have an updated health assessment for Resident #1 after hospice admission.

Interview on at 3:30 PM the Administrator acknowledged the current health assessment was not completed after Resident #1 was admitted to hospice.

Class III