

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966216	(X3) DATE SURVEY COMPLETED R 12/12/2017
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) Revisit Survey was conducted on December 12, 2017. RS Willow Haven ALF, Inc (10457) with Limited Mental Health component had no the deficiencies identified at time of this survey: