

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966216	(X3) DATE SURVEY COMPLETED 04/13/2018
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#2018003076) Survey was conducted on April 13, 2018. RS Willlow Haven ALF, Inc (license #10457) had no deficiencies identified at time of the survey.

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