STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966216	**07/02/2018**
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 Standard Biennial Survey was conducted on , 2018 at Willow Haven ALF, Inc with Limited Mental Health component. The facility, license #10457, had deficiencies identified at time of survey:

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

Based on record review and interview, the facility failed to have an accurate health assessment for one of six sampled residents (#2).

Findings included:

Interview on at 1:00 pm Staff B stated, "We are providing the medication for Resident #2. We take the medication on a spoon and grab the medication with Resident #2 hands on it in order to put her in her mouth. However, "I spoke with Hospice about it, I know we cannot administer medication, and we are in negotiations with the family, too. I am waiting on the family decision."

Record review revealed Resident #2's health assessments (dated) stated she needed assistance with self-administration of medication.

Record review revealed Resident #2 was under hospice services. The care plan (dated) did not document medication administration.

Class III