STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966216	R **09/19/2018**
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 Follow Up Visit to a Standard Biennial Survey was conducted on 09/19/18. RS Willow Haven ALF, Inc with Limited Mental Health component (license #10457) had a deficiency identified and cited under the monitoring survey.