

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/09/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966216</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>09/19/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RS WILLOW HAVEN ALF, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1220 NE 207 STREET<br/>MIAMI, FL 33179</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Generator Monitoring Survey was conducted on . . . . . RS Willow Haven ALF, Inc with Limited Mental Health component (license #10457) had a deficiency at the time of the survey.</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observation and interview, the facility failed to have 48 hours of fuel onsite required for the operation of its alternate power source. The facility also failed to have . . . . . monoxide detectors installed.</p> <p>Findings included:</p> <p>During the facility tour on . . . . . at 8:07 AM, one empty gallon of gasoline was observed in the facility's backyard. Also, there were no . . . . . monoxide detectors installed in the facility.</p> <p>During an interview on . . . . . at 8:43 AM, the Owner stated "I don't have a contract with a gas station. I have a relocation contract. I will get the gas from the two gas station nearby. Also, we have our own gas station for boats on the beach." At 8:46 AM the Owner stated "the fire inspector stated that we cannot stored gas here because it is not propane. I had a deficiency for that because I had gas here. I had to get rid of it and he came back he cleared it." At . . . . . 8:49 AM the Owner stated "the fire inspector stated I did not have to install it. I can install it when they give the warning. If I am going to have a deficiency for that, my husband is coming to install them. The brochure did not say I have to install it." The owner spouse came and installed the . . . . . monoxide detectors: one in the dining area and the other one next to the . . . . .</p> <p>Class III</p> |                                                                                        |                                                     |