STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966216	R **11/20/2018**
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 Generator Monitoring Survey was conducted on 11/08/18 and concluded on . RS Willow Haven ALF, Inc with Limited Mental Health component (license #10457) had a deficiency identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have 48 hours of fuel onsite required for the operation of its alternate power source.

Findings included:

During a tour of the facility on at 8:04 AM 10 gallons (2 X 5) of gasoline were observed in a shed more than 10 away from the facility.

During an interview on at 8:25 AM, the Owner stated "I have 10 gallons of gasoline for 48 hours. I also have an empty container of 15 gallons." No additional fuel was observed.

On the facility provided additional information to the Agency that 52 gallons of gas were needed to power the generator and that they had the required gas.

Uncorrected Class III