Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969119	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
URSULA'S HAVEN ASSISTED LIVING FACILITY	11900 NW 35TH ST SUNRISE, FL 33323

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted at Ursula's Haven Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	A 053		

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A 053	Continued From page 1 Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, it was determined that, the facility failed to ensure that 1 of 4 sampled residents (Resident #5) received medications as ordered by the physician. The findings included: On , at 11:05 AM, the Surveyor asked the Administrator whether any residents were scheduled to receive medications during the afternoon hours. The Administrator stated that no residents had medications scheduled at lunchtime or during the afternoon. However, review of the Medication Observation Record (MOR) revealed that Resident #5 had two scheduled medications during that timeframe: , (, , ,) 650 mg at 12:00 PM and , , 1 mg at 2:00 PM. At 3:00 PM, observation confirmed that neither medication had been administered. During an interview at 3:01 PM on the same day, the Administrator, who is a Licensed Practical Nurse (LPN), stated that she had not administered the , because it caused the resident to become . She further stated that the , was intended for use as needed every six hours for . When asked to provide physician orders authorizing the withholding or discontinuation of these medications, she was unable to produce any	A 053		

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A 053	Continued From page 2 documentation. Review of an undated AHCA Form 1823 for Resident #5 indicated that the resident required medication administration. Resident #5's diagnoses included , , Mild with Agitation, and , precautions. The resident also receives hospice services. Class III	A 053		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of	A 078		

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A 078	Continued From page 3 having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by:	A 078		

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A 078	Continued From page 4 Based on record review, the facility failed to provide evidence that one of three sampled employees (Staff B) completed a physical examination confirming she was free from communicable , ˘ ( ). The findings included: Review of employee records showed that Staff B, a Home Health Aide (HHA), was hired on ´ . . Review of the staffing schedule confirmed that she works Monday through Friday from 7:00 AM to 3:00 PM. Documentation showed that Staff B completed an annual physical examination on ´ , , which stated she was free from communicable , including . However, no additional documentation or physician's statement was provided to confirm annual clearance for communicable as required. On . , at 10:44 AM, Staff B reported that she had been working at the facility since ´ . She stated that she performs all assigned duties, including assisting residents with activities of daily living and administering medications. During the exit meeting on . , the Administrator stated she would ensure the personnel records are updated. CLASS III	A 078		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards	A 093		

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A 093	Continued From page 5 (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.	A 093		

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A 093	Continued From page 6 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of	A 093		

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A 093	Continued From page 7	A 093		

one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and staff interviews, it was determined that, the facility failed to ensure that 2 of 4 sampled residents (Residents #2 and #3) received lunch meals in the form and consistency ordered by their physicians.

The findings included:

On . , at 12:05 PM, Staff A was observed preparing lunch for facility residents. Review of the facility's menu revealed the following items: shredded beef, rice and beans, cassava with mojo or sweet potato, mixed salad, fresh fruit, and milk. Although most residents

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A 093	Continued From page 8 received the items listed on the menu, Residents #2 and #3 were instead served a yellowish soup in plastic bowls. The other residents received their meals on chinaware, as documented in photographic evidence. During an interview with the Administrator at 12:20 PM on the same day, she stated that Residents #2 and #3 have swallowing difficulties; therefore, she chose to provide them with chicken noodle soup instead of the menu items. Review of an undated Resident Health Assessment form (AHCA Form 1823) for Resident #2 indicated a dietary requirement for a minced/moist (ground) diet. Resident #2's diagnoses included , , Mild with Agitation, and , precautions. The resident also receives hospice services. No documentation was provided to support substituting the ordered minced/moist diet with soup. Review of AHCA Form 1823 for Resident #3, dated , , , indicated a requirement for a mechanical soft diet. Resident #3 receives hospice services and has a diagnosis of . Documentation presented did not indicate that Resident #3 had a swallowing . . Class III	A 093		