

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969119	(X3) DATE SURVEY COMPLETED 12/12/2016
NAME OF PROVIDER OR SUPPLIER URSULA'S HAVEN ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 11900 NW 35TH ST SUNRISE, FL 33323	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 was conducted 12/12/16 at Ursula's Haven. The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 28, 2016

Administrator
Ursula's Haven Assisted Living Facility
11900 Nw 35th St
Sunrise, FL 33323

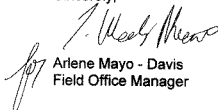
Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on December 12, 2016 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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