STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969119	12/28/2017
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

A Limited Nursing Service (LNS) monitoring visit was conducted on at Ursula's Haven Assisted Living Facility, License #12946. The facility had a deficiency at the time of the visit.

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to identify a resident who qualified for Limited Nursing Services (LNS) for 1 of 6 sampled residents residing in the facility, Resident #1, as evidenced by Resident #1 utilizing with no assessment or monitoring for the use of ; and failing to initiate LNS when the resident had a inserted.

The findings included:
On at 9:45 AM, Resident #1 was observed in her an concentrator, a large canister and tubing. An interview was conducted with Resident #1, who stated she uses the at night via the concentrator and she has the spare canister to use if there is a power outage.

Review of Resident #1's record revealed she was admitted to the ALF on and has been on hospice services since . Further review of the record revealed no documentation of an order for LNS for the assessment and monitoring of the .

Additional review of the record revealed a Progress Note dated Resident #1 was having difficulty voiding, hospice was notified and a was inserted for retention. Documentation on the Progress Notes dated states the was removed, the resident was unable to void after 8 hours and the was reinserted. Nursing Progress Notes dated document the resident's was smelling strong and the physician ordered a course of for 5 days. The was subsequently removed by a physician on with no further interventions required. There was no evidence of documentation of any assessments or monitoring of the .

On at 10:50 AM an interview was conducted with the Administrator Licensed Practical Nurse (LPN) who stated she is the one who assists Resident #1 with her set up at night when she needs it and the resident is on 2 liters via nasal cannula and she assists with administering the inhalation breathing treatments 3 times a day. An inquiry was made about the necessity of the to which the Administrator LPN stated the resident is on hospice and it is the hospice who were assessing the and . An inquiry was made how often hospice visits the resident to which the Administrator LPN stated the hospice nurse comes in once a week. An inquiry was made to the

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Administrator LPN why Resident #1 was not placed on LNS for the and use, to which she stated she is new to the LNS process and was not quite sure what qualifies for LNS. The Administrator LPN was encouraged to read the ALF regulations which includes the regulations for LNS.

Class III