STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969119	R **06/07/2018**
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 revisit survey to the Limited Nursing Service (LNS) monitoring survey was conducted as a desk review on 06/07/18 at Ursula's Haven Assisted Living Facility, License #12946. The facility had no deficiencies at the time of the visit.