STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969119	**10/29/2018**
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

An unannounced re-licensure survey was conducted on at Ursula's Haven ALF, License #12946. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, it was determined that the facility failed to have a resident reassessed after the resident exhibited a significant change, including enrollment into Hospice Services and the results documented on the Resident Health Assessment (AHCA form 1823), for 1 out of 6 sampled resident records reviewed. (Resident#5).

The findings included:

Review of Resident #5's file revealed a Physician's Order dated for Hospice with a diagnosis Advanced . Review of Resident #5's Health Assessment (AHCA form 1823) dated revealed it didn't reflect the enrollment into Hospice. During an interview with the Administrator on at 1:52 PM, it was confirmed that Resident #5 was receiving hospice services.

During an interview with the Administrator on at 2:30 PM, aforementioned was confirmed , no further documentation was provided.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and review of policy and procedure, it was determined that the facility failed to properly secure/lock the refrigerated pen medication and refrigerated eye drop medications for (2) of (6) residents (Resident #1 and Resident #5). And, the facility failed to properly dispose of an eye drop medication after completed for (1) of (6) residents (Resident #5).

The findings included:

During an observation on at 10:25 AM of the facility's kitchen refrigerator, it was noted that there was a bottle of "expired" , 0.3% eye drops for Resident #5 with an order to instill 1 or 2 drops every six hours in affected eyes for 5 days only ordered on and there was an pen

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medication noted of Lantus with an order to inject 28 units , once daily in the morning for Resident #1; with an expiration date of . Both of these medications were noted as being stored in the refrigerator in the deli-dish; which is an "unsecured/unlocked" area. (see attached photos #1-#6).

On at 10:31 AM An interview was conducted with the Administrator regarding the "unlocked/secured" and expired eye drop medications and she admitted that the medications should be locked, at all times. and she added that the expired medications should have been promptly discarded after the 5 day period.

Review of facility policy and procedure on at 11:40 AM for Medication Management Storage and Disposal provided by the Administrator dated indicated that both prescription and over-the-counter medication shall be centrally stored under the following conditions: the facility administers the medication and centrally stored medications must be: kept in a locked cabinet, locked cart, or other locked area at all times ...Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked.

Class III

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0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division.

The findings included:

During an interview with the Administrator on at 1PM, the facility CEMP and current approval letter was requested. The Administrator stated at this time, that they are waiting for it. A record review revealed the facility did not have the last approval letter from the local Emergency Management Division for the Comprehensive Emergency Management Preparedness Plan. The Administrator provided a receipt that the facility paid for a renewal on . The facility failed to submit a new plan 60 days prior to the expiration date to the local Emergency Management officials for review and approve annually .

The Administrator confirmed the findings and no further documentation provided.

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Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 2 out of 3 staff members (Administrator; and Staff B).

The findings included:

A review of the current facility's staff schedule observed posted on at 9:30am compared to the Clearinghouse Background Screening revealed that two (2) current staff members were not registered. The Administrator (hire date of) and Staff B (hire date of).

During an interview with the Administrator, on at 1:00PM, she acknowledged and confirmed the findings . She provided no further documentation or information for review.

Unclassified