STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969119	R 01/14/2019
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 Relicensure revisit survey was conducted on . . . . . at Ursula's Haven Assisted Living Facility, License #12946. The facility had uncorrected 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.

On at 11:42 AM, a telephone interview was conducted with the Administrator. She confirmed that the AHCA form 1823 had not been updated by the physical to reflect the Hospice Care status of Resident # 5. She acknowledged that the correction was not made.

On at 12:00 PM, an interview was conducted with Resident's # 5's daughter. She stated that her mother was currently receiving Hospice Care.

Class III
Uncorrected

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

Based on 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:

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

During an interview with the Administrator on at 11:42 AM, 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.

Class III
Uncorrected