STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969119	R **02/27/2019**
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 second revisit survey was conducted by desk review on 02/27/2019 for Ursula's Haven Assisted Living Facility, License #12946. The previously cited deficiencies were found corrected at the time of the survey.