STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	**11/01/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Beginning Assisted Living, Inc	**418 Nw 21st Terrace Cape Coral, FL 33993**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0009-Admissions - Admission Package-11/01/2013
0030-Resident Care - Rights & Facility Procedures-11/01/2013
0093-Food Service - Dietary Standards-11/01/2013
0161-Records - Staff-11/01/2013
0167-Resident Contracts-11/01/2013

These are the results of the revisit survey conducted on 11/1/13 for New Beginnings Assisted Living, an Assisted Living Facility (ALF).

The facility was found to have corrected all citations and no new citations were noted during the visit. An ALF license with a capacity of 5 will be recommended effective 11/1/13.

0009-Admissions - Admission Package 58A-5.0181(3) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0161-Records - Staff 58A-5.024(2) FAC

0167-Resident Contracts 58A-5.025(1) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2013

Administrator
New Beginning Assisted Living, Inc
418 Nw 21st Terrace
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of an Initial survey revisit conducted on November 1, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
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Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372