STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967362	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A New Beginning Assisted Living, Llc	105 Ne 11 Avenue Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at A New Beginning Assisted Living. The facility had no deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interviews, the facility failed to ensure required AHCA Forms 1823 (medical examinations) were obtained in a timely manner, for 3 of 3 sampled Residents (#1, 4 and 5). The medical examinations were not conducted as required.

The findings include:

Review of resident records was conducted with the facility Administrator present. Resident #1 was admitted to the facility on . Resident #4 was admitted on and Resident #5 was admitted on . Review of their records revealed no documentation showing any of the three residents received the required medical examinations certified by a health care provider such as a medical doctor, physician assistant or advance registered nurse practitioner. In an interview conducted at 1:20 PM, the Administrator stated she did not obtain the required medical examinations or an AHCA Form 1823 for these three residents.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain required daily medication observation records (MORs) for 3 of 3 sampled Residents (#3, 4 and 5). There was no documentation showing staff maintained the minimum required records when facility staff assist residents with self-administration of medications.

The findings include:

Review of resident records was conducted . . . . . with the facility Administrator present. Review of records for Resident #3 revealed no documentation showing facility staff maintained MORs for this resident. In an interview conducted . . . . . at 1:33 PM, the facility's Administrator stated she had left Resident #3's MORs at her house.

In the same interview, the Administrator also stated when she assisted residents (Resident #4 and #5) with self-administration of medications this morning, the MORs for all of the residents were not at the facility, they were at her house. She confirmed she did not have the MORs for reference purposes during assistance with medications, and she did not initial the MORs immediately after providing assistance with self-administration of medications.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications received the required continuing education for 1 of 2 sampled Employees (A).

The finding include:

Review of personnel files was conducted . . . . with the Administrator present. Review of Employee A's record documented she was hired on . . . . . , the most recent certification of required continuing education provided by a registered nurse or licensed pharmacist, related to providing assistance with self-administered medications and safe medication practices in an assisted living facility, was dated . . . . . . Further review revealed no documentation showing she had received the required two hours of continuing education.

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In an interview conducted at 2:56 PM, the Administrator acknowledged the lack of required training for Employee A.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interviews, the facility failed to maintain required records of resident weights for 2 of 2 sampled Residents (#4 and #5). There was no documentation showing staff recorded resident weights at admission or every six months.

The findings include:

Review of resident records was conducted with the facility Administrator present. Resident #4 was admitted to the facility on and Resident #5 was admitted on . Reviews of their records revealed no documentation showing either resident had been weighed and their weight recorded in their resident record since the time of admission.

In an interview conducted at 1:25 PM, the Administrator confirmed she had not weighed these two residents since their respective admissions. She further confirmed these two residents did not have AHCA Form 1823 (medical examinations).

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967362	**05/07/2014**
NAME OF PROVIDER OR SUPPLIER **A New Beginning Assisted Living, Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **105 Ne 11 Avenue** **Boynton Beach, FL 33435**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A New Beginning Assisted Living, Llc
105 NE 11th Avenue
Boynton Beach, FL 33435

Dear Administrator:

This letter reports the findings of a State Licensure Biennial Survey that was conducted on . 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **. 2014,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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