

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
 St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
 St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
 St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
 St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
 St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses
 S-S= C

Specific Tag Findings:

0000-Initial Comments

The biennial re-licensure survey was conducted on New Beginning Board and Care Home Assisted Living Facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observations, record review and interview the facility did not ensure 1 of 2 sampled residents (#2) accepted for admission received care and services appropriate to meet their needs including following physician orders for medications and failed to maintain a written record that the family and health care provider was contacted of significant changes and illnesses which resulted in a hospital admission for 2 of 2 sampled residents (#1 and #2).

Findings:

During the medications pass on at approximately 9:15 AM, Staff B was observed removing a container from the medication storage cabinet. Further observations revealed when Staff B removed the top of the container there were 9 pills inside. Staff B handed the container to resident #1 who was sitting at the dining with her breakfast in front of her. After she took the medication she began eating her breakfast.

Record review revealed resident #1 had a health care providers order dated for
 18 mcg-Levc 1 by mouth (30 minutes prior to breakfast).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the Medication Observation Record (MOR) revealed it noted 0.088
-7 AM before breakfast.

Review of the prescription label on the medication bottle revealed it noted
..... 88 mcg 1 by mouth (30 minutes prior to breakfast).

During an interview with Staff B on at approximately 2 PM, she stated she gave the resident the with the other medications which were only a few minutes before the resident ate her breakfast. Staff #2 did not follow the health care providers order to give the medications 30 minutes before breakfast.

Record review for resident #1 revealed a facility note that documented on the resident was acting very and also she had twice early in the day. Resident remained on floor until help came to get her up. The resident was transported to Hospital. Further record review revealed that there was no documentation to confirm that the resident's family and health care provider was contacted.

During an interview with the administrator/owner on at approximately 3 PM, she stated the family and health care provider were contacted; however she was not aware it needed to be documented.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

During the medications pass on at approximately 9:15 AM, Staff B was observed removing a container from the medication storage cabinet. Further observations revealed when Staff B removed the top of the container there were 9 pills inside. Staff B handed the container to resident #1 who was sitting at the dining to begin eating her breakfast. Staff B stated to resident #1 these are your AM medications. Resident #1 took her pills out of the container and took them.

Review of the Medication Observation Record (MOR) at the time revealed that there were

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

already staff initials on the MOR.

During an interview with Staff B on _____ at approximately 9:30 AM, she stated she took the resident's morning medications out of their containers and placed them in the container together.

Staff B did not follow the appropriate procedure at all times and did not take Medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container, and close the container and return the medication container to proper storage.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observations, record review and interview the facility staff performed duties that were not consistent with their level of education, training, preparation and experience in that unlicensed personnel assisted with _____ assisted with _____ and administered medications through a _____ to 2 of 2 sampled residents (#1 and #2).

Findings:

During an interview with Staff B (an unlicensed staff) on _____ at approximately 10 AM, she stated she poured the medication into the _____ machine for resident #1 (a nursing service). She also stated that resident #2's hand was shaky and she would assist her with drawing her _____ into the syringe and would tell her if the amount in the syringe was correct and providing hand over hand assistance when she injected her _____. She further stated that she assisted resident #2 with her _____ (all were nursing services). Record review for resident #1 revealed a physician's order dated _____ for _____ 0.083 % _____ 1 vial by _____ every four hours as needed and _____ 2 Liters per minute at bedtime.

Observations on _____ at approximately 10:15 AM revealed that Staff A (owner/administrator) was pouring _____ from the vial into resident #1 _____ machine (a nursing service).

Record review for Resident #2 revealed a hospice physicians order dated _____ for _____ in the morning 10 units and evening five units.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the Medication Observation Record (MOR) for resident #2 revealed it noted in the morning 10 units and evening five units. Further review of the MOR revealed the unlicensed staff was initialing the MOR indicating that they were giving the to the resident.

Review of the facility's communication notes that were written in a tablet revealed it noted " Resident #2 name mentioned sugar level is to be checked at 7am and PM every day before meals and give after she eats so if she don't eat DO NOT give

During an interview with Staff A on at approximately 1:45 PM, she stated that we assisted resident #1 with her at bedtime. She stated that the staff turned the machine on for resident #1. She further stated she was not aware that the unlicensed staff could not place the medication into the and she further stated that they would assist resident #2 with her by making sure she had the right amount of in the syringe.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on staff schedule review and interview the facility failed to maintain a written work schedule which accurately reflected the facility's 24 hour staffing pattern for a given time period and did not maintain the minimum staff hours per week.

Findings:

During an interview with staff B on at approximately 9 AM she stated 6 residents resided in the facility.

Review of the staff schedule for 2014 revealed for the week of through there were only 205 hours scheduled and the week of through there were only 206 hours scheduled and 212 hours were required for both weeks. Further review of the scheduled revealed that there was no staff scheduled to work on from 8 PM-8 AM.

During an interview with the administrator/owner on at approximately 2 PM, she stated she needed to add more hours and the scheduled was not accurate because the residents were not left alone on. She stated someone probably called in and she did not write the staff's name that covered.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on personnel record review and interview the facility failed to ensure that 3 of 4 sampled staff (B, C and D) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff B revealed she was hired on [redacted] and the following training was not received within 30 days;

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation was received on [redacted]
2. Resident rights in an assisted living facility and Recognizing and reporting resident neglect, and [redacted] was received on [redacted]
3. Facility's resident elopement response policies and procedures was taken on [redacted]
4. Safe food handling practices was received on [redacted]
5. Reporting major incidents and Reporting adverse incidents was taken on [redacted]
6. ADL and Resident needs and behavior 3 hours was required and only 1 hour was received on [redacted]
7. [redacted] Policy and Procedure was received on [redacted]
[redacted] control was taken [redacted] and was required before providing care to the residents.

Staff C was hired in [redacted] and the following training was not received within 30 days of hire:

1. Safe food handling practices was received on [redacted]
2. Reporting major incidents and Reporting adverse incidents was received on [redacted]
3. ADL and Resident needs and behavior 3 hours was required and only 1 hour was received on [redacted]
4. [redacted] control was taken [redacted] and was required before providing care to the residents.

Staff D was hired on [redacted] and the following training was not received within 30 days of hire:

1. Safe food handling practices was received on [redacted]
2. ADL and Resident needs and behavior 3 hours was required and only 1 hour was received on [redacted]

Further record review revealed that there was no documentation to confirm that she had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

received a training that covered Recognizing and reporting resident neglect, and

During an interview with the Administrator/owner on at approximately 3 PM, she stated the staff did not receive the training within 30 days of hire as required and she would have the training provided to the staff as required.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (C) had obtained the required and training within 30 days of employment.

Findings:

Personnel record review for Staff C revealed she was hired in Further record review revealed there was no documentation to confirm that she had received the required one-time education course on and

During an interview with the administrator/owner on at approximately 3 PM, she stated staff C did not receive the training as required.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid and was in the facility at all times.

Findings:

Observations on at approximately 9 AM revealed that Staff B was working alone with the residents at the facility. Review of the staff Schedule for the month of 2014 revealed at various times Staff A, B, D all worked alone.

Personnel record review revealed the following:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

For Staff A her First Aid and ... card expired on ...
For Staff B her First Aid Card expired ... and there was no documentation to confirm that she had received a ... course.
For Staff D there was no documentation to confirm that she had received a First Aid and ... course.

During an interview with the administrator/owner on ... at approximately 3:30 PM, she stated that she was not aware that the First Aid and ... cards had expired. She stated staff D had the courses and the cards were not in her record.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled unlicensed staff (A), who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) and 2 of 3 sampled staff who provided assistance with the resident's medication did not have evidence of the completion of an initial 4 hour medication training (B and C).

Findings:

During an interview with the administrator/owner on ... at approximately 2:30 PM she stated she, staff B and C all assisted the resident's with their medications. Personnel record review for Staff A (administrator/owner) revealed the last documentation to confirm that she had obtained the 2 hours continuing education medication training was dated ... (due ...)

Staff B and Staff C had no documentation to confirm that they had successfully completed the required initial 4 hour medication training. They both had certificates in their records dated ... for the 2 hour training.

During an interview with the administrator/owner on ... at approximately 3 PM, she confirmed that there was no documentation of the required training's.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on Personnel record review and interview the facility failed to have a copy of the employment application with references for 1 of 4 sampled staff (D).

Findings:

Personnel record review for Staff D revealed that there was not a a copy of the employment application with references in the record.

During an interview with the administrator/owner stated on at approximately 3 PM she state Staff D did not have an application with references in her record as required.

Class

0167-Resident Contracts 58A-5.025 FAC

Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 2 of 2 sampled residents (#1 and#2).

Findings:

Resident record review including contracts for residents #1 and #2 revealed there was a physical examination letter that noted "All resident of the home will have an annual physical from their primary physician and an updated AHCA form #1823 will be completed." Further review of the record and contract revealed their contracts did not include a statement to inform the residents or responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first.

During an interview with the administrator/owner on at approximately 3:30 PM, she stated she was not aware the above information was required. She explained that she required the residents to have a physical annually.

Class

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure that a level II background screening was obtained before employment for 1 of 4 sampled staff (C) who had access to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Board And Care Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the resident's personal property and provided personal care to the resident.

Findings:

Personnel record review for staff C revealed she was hired in Her level II background screening revealed she was eligible on . . . (approximately two months after hire).

During an interview with the administrator/owner on at approximately 3 PM, she confirmed that the background screening was dated after Staff C hire date.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
New Beginning Board And Care Home
2971 Eldron Blvd SE
Palm Bay, FL 32909

Dear Administrator:

Re: Biennial relicensure

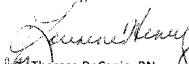
This letter reports the findings of a state licensure survey that was conducted on . 2014 by representative(s) of this office.

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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

