STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967862	07/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Beginning Board And Care Home	2971 Eldron Blvd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-07/02/2014
0052-Medication - Assistance With Self-Admin-07/02/2014
0078-Staffing Standards - Staff-07/02/2014
0079-Staffing Standards - Levels-07/02/2014
0081-Training - Staff In-Service-07/02/2014
0083-Training - First Aid And
0161-Records - Staff-07/
0167-Resident Contracts-(
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0082-Training - Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

Revisit New Tags:
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

0000-Initial Comments
Revisit to the Relicensure survey was conducted on 7/02/14. New Beginning Board and Care Home had deficiencies found during the visit. A0056 is a new citation and A0082 and A0084 are repeat citations.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, record review and interview, the facility failed to ensure that except for the use of pill organizers, no person other than a pharmacist transferred medications from one storage container to another for 1 of 2 sampled residents (#2).

Findings:

In an interview with the administrator on at approximately 9:30 AM, she stated that a nurse had pre-filled the syringes for resident #2 and the resident injected the medication herself. She stated the medications were kept in the refrigerator in the garage.

Observations on at approximately 9:30 AM noted 2 plastic containers that contained pre-filled syringes. The lid of one container read, "breakfast 10 Units" and there were 11 pre-filled syringes inside the container in a plastic zip bag. The other container read, "Dinner time 20 Units" and there were 20 pre-filled syringes inside inside a plastic zip

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bag. The was

Review of the nurse's notes revealed the nurse pre-filled the syringes on and

In an interview with the administrator on at approximately 11:15 AM, she stated she did not know that a nurse could not pre-filled syringes for a resident.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff records contained evidence to confirm a one-time training regarding (#C).

Findings:

Personnel record review on at approximately 10:30 AM for staff #C did not reveal any evidence to confirm that she had attended a one-time training regarding

In an interview with the administrator on at approximately 10:30 AM with the administrator, she stated she was unable to locate a certificate of training on and that the staff needed to take a class.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record personnel record review and interview the facility failed to ensure 1 of 3 unlicensed staff who assisted residents with self-administration of medications received 2 hours of training yearly on providing assistance with self-administered medications and safe medication practices in an assisted living facility (#A).

Findings:

Personnel record review for staff #A at approximately 10:30 AM revealed a certificate that indicated she received a 2 hours of training on Continued review revealed no evidence to confirm she attended a 2 hours of training on providing assistance with self-administered medications and safe medication practices in an assisted living facility

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yearly, due 2014.

In an interview with the administrator on [redacted] at approximately 11 AM, she confirmed the findings stated staff #A needed to take a class.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: Revisit to biennial relicensure

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2, 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2014.

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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