

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967862	(X3) DATE SURVEY COMPLETED 08/27/2014
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)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-08/27/2014

0082-Training - Hiv/aids-08/27/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-08/27/2014

Specific Tag Findings:

0000-Initial Comments

The 2nd revisit for the Relicensure Survey was conducted on 8/27/14.

New Beginning Board and Care Home Assisted Living Facility had corrected the deficiencies at the time of the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2014

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

Dear Administrator:

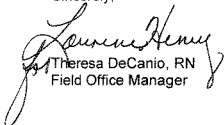
This letter reports the findings of a state licensure survey revisit conducted on August 27, 2014 by representative(s) of this office.

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.

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 (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

