

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968543	(X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER New Beginning Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 418 Nw 21st Terrace Cape Coral, FL 33993	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Limited Nursing Service (LNS) survey was conducted on 10/15/14 at New Beginnings, an Assisted Living Facility (ALF) in Cape Coral, Florida.

No deficiencies were noted and no citations were given.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2014

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

Dear Administrator:

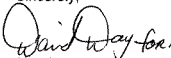
This letter reports findings of a state licensure survey that was conducted on October 15, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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. 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

