STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967862	11/25/2014
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)		

List of Tags Cited:
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0163 - 429.49 Fs - Records - Resident, Penalties For Alteration S-S= G

Specific Tag Findings:
0000-Initial Comments
Complaint Investigation #2014008651 was conducted on [redacted] and [redacted]. New Beginning Board and Care Home Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on staff schedule review and interview, the facility failed to maintain a written work schedules 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 [redacted] at approximately 10:30 AM, she stated 6 residents resided in the facility.

The administrator was asked to provide the staff schedules for [redacted] to the present. During an interview with the administrator on [redacted] at approximately 11 AM, she stated she could only locate the staff schedule for the current week and the next week.

During an interview with the administrator on [redacted] at approximately 3 PM, she stated 3 staff members were terminated from the facility sometime in [redacted]. She further stated staff #B was hired on [redacted] and #C was hired on [redacted]. The administrator stated she worked alone in the facility from [redacted] until staff #B and #C were hired and there were always 6 residents in the facility. The administrator stated she worked 24/7. That was only 168 hours weekly and 212 hours were required.

Class III

0163-Records - Resident, Penalties for Alteration 429.49 FS

Based on personnel record review and interview, the facility altered and falsified Food Safety training certificates for 2 of 3 sampled staff (#B & C).

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Findings:

During an interview with staff #B on 11 at approximately 11 AM, she stated she had worked at the facility since .

During an interview with the administrator on at approximately 11:30 AM, she stated staff #C had also worked at the facility since .

Personnel record review for staff #B and staff #C revealed there were copies of the Food service training certificates for 2 hours that were titled "Food Handling and Sanitation" Provide By: (The name of the company that provided the training was listed). Further review of the certificate revealed the signature of the registered dietitian (RD) was copied and the only original handwriting was the staff"s name and a number that was behind the name of the RD. Both were dated . The training for 2 hours could only be provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

During an interview with staff #B on at approximately 2 PM, she reviewed the certificates in her file and confirmed that she had attended all of the trainings by the individuals listed on the certificates.

During an interview with the administrator on at approximately 3 PM, she stated that the certificates that were inside of the staffs' files were conducted by the individuals whose names were on the certificates.

During a telephone interview with the RD on at approximately 12:30 PM, she was provided the information on the certificates regarding staff #B and staff #C and stated she would check her records to see if the staff had attended the training with her. On via email, the RD listed on the certificate noted that she had reviewed her records and wrote that staff #B and staff #C did not sign in for training on . Also, payment was not found from the facility for staff #B and #C.

During an interview with the administrator at 8:30 AM, when asked if staff #B and staff #C had attended the training from the RD, the administrator stated that staff #B and staff #C had received the training from the RD. She was informed that the agency had obtained documentation indicating they had not attended training from the RD. The administrator was informed that she needed to provide some type of documentation that they had attended the training. The administrator stated at the time she had provided the training to the staff because she had taken the training from the same RD. She stated she thought she could use the training certificate with the copy of the RD signature on it because the RD had given her

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the training and she trained the staff. She was informed she could not use anyone else's certificates. It was further explained that when training is provided, the person's credentials who provided the trainings must be on the certificate. The administrator was not qualified to provide the 2 hours training. The administrator stated she thought that if someone had trained her and she trained her staff she could use the person that trained her certificate. She stated she did not know she needed to make a certificate that was signed by her as evidence that she had provided the training.

In an attempt to deceive the agency, the administrator provided fraudulent documentation for the food safety training.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014008651

Dear Administrator:

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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear ..... Braswell:

This letter reports the findings of a complaint inspection (CCR#201400865) survey conducted on . . . . . and by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

10 A0163 - Records - Resident, Penalties - Class II

Your plan of correction must include the following:

1) Your facility must insure all training documentation is not altered or falsified. The administrator is responsible for ensuring that training certificates are accurate and the trainer listed on the certificate is the one who provided the training.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call ..... Lorraine Henry, Assisted Living Facility (ALF) Supervisor, at (407) 420-4505.

Sincerely,

Lorraine Henry
Assisted Living Facility Supervisor

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