STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	**07/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW BEGINNING ASSISTED LIVING, INC	**418 NW 21ST TERRACE CAPE CORAL, FL 33993**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On [redacted] a complaint investigation (CCR # 2015007102) was conducted at New Beginning Assisted Living, Inc. in conjunction with an unlicensed activity complaint (CCR 2015005278) conducted at the undefined facility New Beginning II located at 1637 NW 5th Place in Cape Coral, FL.

Deficient practice was identified during the investigation.

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to appropriately discharge 2 (Residents #1 and #2) of 4 sampled residents to a licensed location. The licensed assisted living facility moved the residents to an unlicensed location operated by the licensed ALF Administrator. Failure to maintain ALF residents in a licensed location can place the residents at risk of harm, including [redacted] and neglect.
The findings included:
During an unlicensed activity complaint (CCR# 2015005278) investigation conducted on [redacted] at New Beginning II located at 1637 North West 5th Place in Cape Coral, FL 2 (Residents #1 and #2) residents were observed in their [redacted] and in the common area of the home.
On [redacted] at 11:00 a.m., interview was conducted with Staff A at New Beginning II located at 1637 North West 5th Place in Cape Coral, FL. Staff A said that the Administrator of the licensed facility New Beginning Assisted Living Facility Inc. located at 418 NW 1st Terrace, Cape Coral, FL was the operator of the unlicensed facility. Staff A said that 2 (Resident #1 and #2) residents resided at the unlicensed location that was not related to the Operator. Staff A said she kept the facility clean and provided breakfast, lunch and dinner and snacks to the residents. Said Resident #1 needed help in the shower and both residents (Residents #1 and #2) needed 24 hour care and assistance with their medication. Staff A said the Operator did not live in the facility and the Operator lived down the road. Staff A said Staff B does the medications at the unlicensed location and the Operator's licensed facility located at 418 NW 1st Terrace, Cape Coral, FL. Stated Staff B "Gets the medications ready for me for the day and I just give them out in the cups." Said Staff B puts the medications in the cups and puts the cups inside the medication cart where it says "ready meds." Said the medications are kept in the medication cart locked and she keeps the keys on her wrist. Said medications are given in the morning around 8:00 a.m. and at night around 6:00 p.m. Said Staff B will sometimes come and do the medication and sign medication observation records (MORs) for each resident. (Photographic evidence obtained).
On [redacted] at 11:13 a.m., an interview was conducted with the Operator of the unlicensed facility. The Operator said she does not live in the unlicensed home located at 1637 NW 5th Place Cape Coral, FL and states the home is not licensed. She currently has 2 residents at the unlicensed location and she has another ALF in the area, New Beginnings ALF, Inc. located at 418 NW 1st Terrace, Cape Coral, FL, licensed for 5 residents. She said Resident #1 needs assistance with bathing, dressing, medications, cooking, cleaning, and meals. Resident #2 needs assistance with medications and meals.
On [redacted] at 11:27 a.m., an interview was conducted with Resident #1. He said he requires assistance with bathing, dressing, meals, cleaning, medications and transportation. He said he moved to the licensed ALF located at 418 NW 1st Terrace Cape Coral, FL because of a [redacted] 2 years ago. Resident said he was admitted to the New

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Beginnings ALF located at 418 NW 1st Terrace Cape Coral, FL originally and was later been asked if he would move over to the "men's only" unlicensed facility located at 1637 NW 5th Place Cape Coral, FL.
On . . . . . at 11:40 a.m., an interview was conducted with Resident #2. Resident #2 said he has lived at the unlicensed location since . . . . . 2015. Resident #2 said the name of the facility as New Beginning and said the facility was an ALF. He receives assistance with medication as "They make sure I get it in the night and morning." Said his medications are given in a cup. The medications are prepared the night before by the Certified Nursing Assistant (CNA) and whoever is on duty gives the medications. Resident #2 said when he first moved to the facility he was told to meet the Operator at the licensed facility New Beginning ALF, Inc. located on 418 NW 1st Terrace in Cape Coral. Resident #2 said when he arrived at the licensed facility he was told to go to the 1637 NW 5th Place Cape Coral location, the unlicensed facility. Resident #2 said when he arrived at the licensed location Resident #1 was residing there with three ladies.
A follow-up interview was conducted on . . . . . at 12:05 p.m., with the unlicensed facility Operator at the licensed facility New Beginning ALF Inc. located at 418 NW 1st Terrace in Cape Coral. The Operator identified herself as the Administrator of the licensed facility located at 418 NW 1st Terrace Cape Coral, FL. The Administrator said she made a verbal agreement for services and payment between the residents or their families. The Operator said she and another employee (Staff B) who also works at the licensed location located at 418 NW 1st Terrace in Cape Coral has taken the medication and class and gives out the medications to the residents (Residents #1 and #2) at the unlicensed location located at 1637 NW 5th Place Cape Coral. The Operator said that she goes over to the unlicensed location and does the medications by prefilling medication cups for the residents. The Operator said she knew she could have 2 people and not be licensed that is why she started the second home prior to being licensed and admitted that Resident #1 was a resident at her licensed facility located at 418 NW 1st Terrace in Cape Coral.
On . . . . . at 1:13 p.m., an interview was conducted with Staff B. Staff B said he has worked at the unlicensed location located at 1637 NW 5th Place Cape Coral and licensed location located at 418 NW 1st Terrace in Cape Coral for 3 months and he is a CNA with medication technician training. Staff B said he assists the residents at the unlicensed location with Activities of Daily Living (ADL) and occasionally a shower. Staff B said he takes vital signs and assists with . . . . . sugar testing and watches the residents take their medication. Staff said only Resident #1 and Resident #2 lived at the unlicensed location. Said Resident #1 needs ADL care and bathing and he stands by while Resident #1 is in the shower in case he . . . . . and he helps Resident #1 wash his back. Said Resident #2 needs help with food and medications. Staff B said he prefills the cups for the medications and places the prefilled cups of medication in the drawer on the medication cart that says 'ready meds' and "they are ready to go."
On . . . . . at 1:25 p.m., a telephone interview was conducted with daughter of Resident #2. She said she was told the 1637 NW 5th Place Cape Coral facility was a licensed ALF. Resident #2's daughter said she was told the owner just bought the home and was getting things together. The daughter says she writes out a check to the Administrator monthly to pay for her father's care.
On . . . . . at 2:33 p.m., a telephone interview was conducted with the son of Resident #1. He said he was told the 1637 NW 5th Place Cape Coral facility was an ALF. Said he writes a check monthly for $3000 payable to New Beginnings ALF, Inc.
A record review of the admission discharge log revealed that Resident #1 was admitted to the licensed facility located at 418 NW 1st Terrace in Cape Coral on . . . . . No documentation was noted on the record that identified that Resident #1 was discharged from the licensed facility. (Photographic evidence obtained)

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A record review of Resident #1's chart revealed a Health Assessment Form (AHCA Form 1823) dated . . . . The AHCA Form 1823 revealed the name of the facility was the licensed facility located at 418 NW 1st Terrace in Cape Coral. The AHCA Form 1823 also revealed that Resident #1 met ALF admission criteria and needed assistance and/or supervision with his ADL and medication assistance. Upon further review of Resident #1's chart an undated resident agreement for services to be provided by the licensed ALF to Resident #1. Resident #1's signature is signed on the agreement. (Photographic evidence obtained)

A review of two participant demographic sheets obtained from the unlicensed location for Resident #1 and Resident #2 revealed the name "New Beginning Assisted Living, Inc." with an admission date for Resident #1 as . . . . . and an admission date for Resident #2 as . . . . .

A review of the dining menu provided at the unlicensed location dated . . . . . and the dining menu provided by the Administrator of the licensed facility located at 418 NW 1st Terrace in Cape Coral dated . . . . . revealed the Administer was using the menu provided for her licensed facility for the unlicensed facility. (Photographic evidence obtained)

On . . . . . at 1:45 p.m., an interview was conducted with the Administrator who said she made a copy of the licensed facility menu and was using the menu at the unlicensed location.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015007102

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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