STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	07/06/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on at New Beginnings Assisted Living, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

The following is description of deficiencies.

0007 Admissions - Criteria

Based on observation, record review and interview, the facility failed to follow health care provider orders for Activities of Daily Living (ADL) for 2 (Residents #2 and #4) out of 3 Resident Records reviewed.

The findings included:

1. Record review of Resident #2's health assessment dated revealed a health care provider order for assistance with dressing, toileting and transferring. Observation of Resident #2 during survey revealed facility was not providing assistance with toileting and transferring.

Resident #2 stated during interview on at 11:35 a.m., "I have not been given assistance by staff in toileting and transferring."

2. Record review of Resident # 4's health assessment dated revealed a health care provider order for supervision with toileting and assistance with transferring.

Observation of Resident #4 during survey revealed no staff assisting with transferring or supervising toileting.

Resident #4 stated during interview on at 4:20 p.m., "The staff have not been assisting me in transferring or supervising toileting."

Class III

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a complete Health Assessment for 1 (Resident #3) out of 3 resident records reviewed.

The findings included:

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Record Review of Resident #3's Health Assessment dated [redacted] revealed resident needed assistance with medications, but type of assistance not checked (assistance with self-administration of medications or administration of medications.) No weights recorded by facility for resident that needed assistance with bathing.

During an interview with Administrator on [redacted] at 12:45 p.m., she stated, "I was not aware that the Health assessment was not complete and that weights were not done."

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to have health care provider order for 1/2 bed rails for 1 (Resident #2) out of 3 resident records reviewed.

The findings included:

Observation of Resident #2's [redacted] 1/2 bed rails on hospital bed with 1/2 bed rail up on left side of bed. The right side of the bed was observed against wall.

Resident #2 stated on [redacted] at 11:35 a.m., "It is an impedement to me to try to get out of bed on the left side, because I have [redacted] in my left arm."

Record review of Resident 2's health assessment dated [redacted] revealed no health care provider order for 1/2 bed rails.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have freedom from [redacted] statement for 1 (Administrator) out of 3 staff records reviewed.

The findings included:

Record review for the Administrator revealed no freedom from [redacted] statement since [redacted]

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During an interview with the Administrator on at 12:40 p.m., she stated, "I forgot to get the statement."

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have required training for 2 Staff (A and B) out of 3 staff records reviewed.

The findings included:

1. Record review of Staff A and Staff B revealed no required training in elopement response, emergency preparedness and evacuation, incident reports, recognizing and reporting , neglect and , and safe food handling practices training.

2. During an interview with Administrator on at 12:45 p.m., she stated, "I will give them the required training."

Class III

0090 Training -

Based on record review and interview, the facility failed to have required training in for 2 (Staff A and B) out of 3 staff records reviewed.

The findings included:

1. Record review of Staff A (hire date and Staff B (hire date revealed no required training for

2. During an interview with Administrator on at 12:34 p.m., she stated, "I will give them the training."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and interview, the facility failed to maintain a safe environment for

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4 (Residents #1, #2, #3, and #4) residents.

The findings included:

1. Observation of exit doors during tour of facility on , revealed key locks on front and rear exit doors.

2. Interview with Residents #1, #2, and #4 revealed they had no knowledge of combination of lock to exit.

3. Interviews with Staff A and B revealed no knowledge if residents were told combination of keypad to exit.

4. The Administrator stated on at 12:50 p.m., "I had the locks placed on the exit doors because Resident #3 is

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to have proper background screening for 1 (Staff B) out of 3 staff records reviewed.

The findings Included:

Record review of Staff B revealed Background screening dated for Department of Children and Families -41 Daycare.

The Administrator stated on at 12:50 p.m., "I thought the background screening for Staff B was okay."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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. 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

Fort Myers Field Office
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Fort Myers, FL 33901
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