STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	R

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

An unannounced monitoring visit was completed on /1/6 at New Beginnings Assisted Living, Inc. (license #12436), an Assisted Living Facility in Cape Coral, Florida. This is the first follow-up to the monitoring visit completed / .

The following is a description of the deficiencies found at time of this visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, Staff A failed to observe the resident consuming the medications for 1 (Resident #4) of 3 residents reviewed.

The findings included:

Observation on at 9:22 a.m., revealed that meds were given, however they were scheduled for 8:00 a.m. Staff A, who was assisting with self administration of medications, put the medication in a pill cup and offered them to Resident #4 with water. Resident #4 declined the water, stating she would take them with her coffee instead. Staff A walked away from the table, leaving the pills in the pill cup for the resident to take. The resident was observed taking her medications with her coffee.

Record review on of the Medication Observation Record (MOR) for Resident #4 showed 0.25mg take 1 tablet by mouth twice daily if needed. The medications were signed off every day on the MOR but there was no reason as to why on the back of the MOR. The resident also has 2mg take as directed-if needed. They were marked as taken 1st, 3rd, 7th, and 15th. There was no documentation on the back of the MOR.

There were no initials for for the afternoon and evening doses of medications.

During an interview on at 1:00 p.m., Staff A stated she was not on duty yesterday, that it was another person and she could not give a reason as to why the medications were not signed off.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to document on the Medication Observation Record (MOR) as the medications were given for 1 (Resident #4) of 3 residents. The facility also failed

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to have a MOR for Resident #5.

The findings included:

1. A review of the MOR for Resident #4 revealed medications were not documented as being given on for the afternoon and evening medications.

During an interview on at 1:00 p.m., Staff A stated she was not working yesterday and she does not know why the medications were not signed off.

2. A review of Resident #5's record on showed there was no MOR. The resident moved in to the facility on . Resident #5's son fills the pill box and the facility gives the medications from that. There was nowhere for the facility to document the medications.

During an interview on at 1:00 p.m., Staff A said the doctor was coming today to admit the resident to the facility.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to dispose of medications after residents left the facility for Residents #1 and #2.

The findings included:

On at 11:20 a.m., the top drawer of medication cart had a bottle of with label removed. Medications were also found in the medication cart for Resident #1 who and Resident #2 who moved out approximately one month ago.

During an interview on at 1:00 p.m., Staff A said she did not know why the medications were still in the cart.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to ensure no stock medications were maintained in

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SUMMARY STATEMENT OF DEFICIENCIES
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the facility.

The findings included:

On at 11:20 a.m., the top drawer of med cart had a bottle of with the label removed.

During an interview on at 1:00 p.m., Staff A said she did not know why the medication was in the cart. She also said she did not know who they belonged to.

Class III

0160 Records - Facility

Based on interview and record review, the facility failed to maintain an admission and discharge log with the name of each resident, date of admission, the facility or place from which the resident was admitted and/or date of discharge, reason for discharge and identification of the facility or home address to which the resident was discharged for at least 1 known residents.

The findings included:

On the Admission and Discharge log was reviewed. The last entry was / with a first and last name. There was no date of discharge, reason for discharge, or place discharged to for Resident #2.

During an interview on at 1:00 p.m., Staff A said she did know anything about the Admission and Discharge log.

Class

0162 Records - Resident

Based on record review and interview, the facility failed to have current physician medication orders for 2 (Residents #3 and #5) of 3 resident records reviewed.

The findings included:

1. Record review of Resident #3 on at 10:45 a.m., revealed the last physician orders in the chart were . The Administrator was not in the community. Staff A sent the Administrator a text asking

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

her where the physician orders were. There were no orders available to reconcile medications. In a text message from the Administrator at 11:26 a.m., she stated to read the progress notes for the orders. Another text at 11:27 a.m. stated there are no orders.

2. Record review of Resident #5 on revealed there were no physician orders in the chart. Resident #5 moved in to the facility on /. The son was preparing the pill box and medications were being given from it. There was no documentation of what medication was being given.

During an interview on at 1:00 p.m., Staff A stated the physician would be in today to admit the resident.

Staff A stated she did not know where the physician orders would be.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968543 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNING ASSISTED LIVING, INC	418 NW 21ST TERRACE CAPE CORAL, FL 33993

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0029	Correction	ID Prefix A0030	Correction	ID Prefix A0050	Correction
Reg. # 58A-5.0182(5) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 429.256(2) FS;58A-5.0185(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0053	Correction	ID Prefix A0056	Correction	ID Prefix A0093	Correction
Reg. # 58A-5.0185(4) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		9-6-16	Wendy Snyder, RNS	9-6-16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
12/31/2015	☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 and Revisit Report

BBT7

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