STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	R 08/25/2016
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 revisit was conducted on / at New Beginning Assisted Living, Inc., (license #12436) an Assisted Living Facility in Cape Coral, Florida. This was the first follow-up to the monitoring visit that was completed on .

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

0162 Records - Resident

Based on record review and interview, the facility failed to have a current Resident Record for 1 (Resident #5) of 3 residents and incomplete documentation for unlicensed staff assisting the residents with the self-administration of medications for 3 (Residents #3, #4, and #5) of 3 resident records reviewed.

The findings included:

Review of Resident #5's record revealed the only information in the record was the Residency Agreement, Health Assessment, Living Will, Health Care Surrogate, and Demographics. There was no other documentation in her file.

Review of Residents #3, #4, and #5's records revealed there was no documentation relating to the use for unlicensed staff assisting the residents with the self-administration of medication.

During an interview with Staff A on / at 1:00 p.m. she said that she knew nothing about that.

Class III

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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