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 Monitoring survey was conducted on at New Beginnings Assisted Living Inc. (license #12436) an Assisted Living facility in Cape Coral, Florida. This was the first follow-up to the monitoring visit completed .

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

0007 Admissions - Criteria

Based on observation, record review and interview, the facility failed to follow Health Care Provider orders for 1 (Resident #5) out of 3 residents sampled.

The findings included:

Observation of Resident #5 on at 9:30 a.m., revealed she was not wearing compression stockings.

Record review of Resident #5's Health Assessment (1823) dated / / listed under Nursing treatment/ service requirements: "Knee high compression stockings on in morning off at bedtime."

Staff B reported on at 1:32 p.m., the Administrator informed her Resident #5 needs to wear the compression stockings during the day shift, but the resident refused. Staff B reported there is no form available to document the application and removal of compression stockings for Resident #5.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to provide an ongoing activities program and failed to post an activity aalendar where residents congregate.

The findings included:

Observation of the activity calendar on wall in Living facility on at 10:15 a.m., revealed no activities for the Residents posted. All 3 Residents in facility were observed watching television.

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

During Interview with Staff B on at 10:15 a.m., she reported the Administrator usually fills out the calendar, but it has been blank for a week.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have the Administrator, Staff A and Staff C a freedom from communicable statement and current ( ) statement.

The findings included:

Record Review of Administrator, Staff A and C revealed no freedom from communicable or current statement for the Administrator.

During Interview with Staff B on at 12:30 p.m., she reported the Administrator informed her via text to tell the surveyor she was updating her file and staff files and she would get her test done.

Class III

0081 Training - Staff In-Service

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

The findings included:

Record Review of Staff A, B, and C revealed no documentation for required training in Control, Activities of Daily Living (ADL) and Behavioral needs, Elopement Response, Emergency Preparedness and Evacuation training, Incident Report training, Resident Rights training, Recognizing , Neglect and training, and Nutritional and Safe Food Handling training.

During Interview with Staff B on at 12:30 p.m., she reported the Administrator texted her to inform the surveyor she was updating her staff files.

Class III

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

0082 Training -

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

The findings included:

Record Review of Administrator, Staff A, B, and C revealed no required documentation of training.

During Interview with Staff B on at 12:30 p.m., she reported she had her training and the Administrator texted her to inform the surveyor she was updating her file and Staff files.

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to have required documentation of First Aid and ( ) training for 1 (Staff B) out of 3 Staff records reviewed.

The findings included:

Record Review of Staff B's file revealed no required documentation of First Aid or training.

During Interview with Staff B on at 1:00 p.m., she reported she has taken the First Aid and training and had given a copy to the Administrator.

Class III

0090 Training -

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

The findings included:

Record Review of Staff A, B, and C revealed no documentation of training.

During Interview with Staff B on at 12:30 p.m., she reported the Administrator texted her to inform the surveyor she was updating her Staff files.

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

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to have a dated certificate for 4-hour training for Assistance with Self -Administered Medication and Medication Management for 2 (Staff A and C) out of 3 Staff Records reviewed. Staff B had no documentation of a certificate of 4-hour Training in Assistance with Self-Administered Medication and Medication Management.

The findings included:

Record Review of Staff A and C revealed no date on certificate for 4-hour training for Assistance with Self-Administered Medication and Medication Management. Record Review of Staff B revealed no documentation of 4-hour training for Assistance with Self-Administered Medication and Medication Management.

During Interview with Staff B on at 12:30 p.m., she reported she has had her training and was not aware the certificate was missing from her file.

Class III

0152 Physical Plant - Safe Living Environ/Other

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

The findings included:

1. During tour of the facility on / at 9:00 a.m., the following was observed:

Scuff marks noted on door frames in # and on door frame to #.

Missing sliding glass door slats in # overlooking a porch, the house next door, and the street.

Three lightbulbs above " in # not working and bulbs covered with dust. One lightbulb above in not working.

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

Sliding Glass door in Living , broken at base and missing a slat.

in window next to kitchen missing a slat.

2. During Interview with Staff B on at 9:55 a.m., she reported the slats have been missing for a few weeks and the Administrator is aware.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to have references for the Administrator of 3 Staff Records reviewed.

The findings included:

Record review of Administrator's file revealed no references.

During Interview with Staff B on at 12:30 p.m., she reported the Administrator texted to her to inform the surveyor she was updating her file.

Class

N276 LNS - Nursing Services

Based on observation, record review and interview, the facility failed to provide 1 (Resident #5) out of 3 residents sampled Limited Nursing Services (LNS).

The findings included:

1. Observation on at 9:30 a.m., revealed Resident #5 had an indwelling connected to a drainage bag.

2. Record Review of Resident #5's Health Assessment (1823) dated / listed under Nursing Treatment/ Service Requirements a written order by the Health Care Provider for: "Knee high compression stockings on in morning, off at bedtime, 16 french balloon to continuous drainage every shift, change bag every week on Sunday, care every shift, change every

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

month, irrigate with 50 ml. of normal as needed for occlusion/sluggishness."

No documentation was found in Resident #5's record that orders above were performed by the Administrator or Staff.

3. During Interview with Staff B on at 1:20 p.m., she texted the Administrator why Resident #5 was not receiving Limited Nursing Services (LNS) and the Administrator texted her: "What is Limited Nursing Services?"

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to have a required current Background Screen for 2 (Staff A and C) out of 3 staff records reviewed.

The findings included:

Record Review on of Staff A and C revealed no current Background Screening.

During Interview with Staff B on at 2:00 p.m., she texted the Administrator to inform her that current Background Screening was missing for Staff A and C.

Unclassified

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 A0008 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS) [initials]	DATE 9-6-16	SIGNATURE OF SURVEYOR [signature] Claire McGillivray, RNS	DATE 9-6-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/6/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ 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

sh
Enclosure: State Form and Revisit Report

BBT7

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com