

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968543	(X3) DATE SURVEY COMPLETED R 05/02/2017
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 survey was conducted 5/2/17 at New Beginning Assisted Living, an assisted living facility (license #12436) in Cape Coral, Florida. This was the third follow-up to the Monitoring Visit which was completed on 12/31/15, 8/25/16 and 11/3/16. The deficiency was found to be corrected at the time of this survey.		