STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	R 07/19/2017
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 follow up survey was completed on at New Beginning Assisted Living, an assisted living facility (License #12436) located in Cape Coral, Florida. This is the 4th follow up to the Biennial and Limited Nursing Services (LNS) survey which was completed on .

The following is a description of the deficiency.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to have scheduled activities at least 12 hours per week.

The findings included:

On the activity calendar on the wall was observed to have one activity per day.

On at 10:05 a.m., Resident #4 said she enjoys playing cards and board games but she does not get to do it often. She said she does not know why. She stated, "the activity calendar is just there for show. We don't do those things." She said Staff B does not listen to her or maybe does not understand her. She said she still thinks not enough activity is happening.

On at 10:10 a.m., Resident #8 said she has a card game in her they enjoy playing. She said she does not get to do it because Resident #7 is hard of hearing, she speaks slowly and Resident #4 does not always remember the rules. She said her friend came over last week and helped them play. She stated, "The Administrator has been very busy and Staff B's English is hard to understand, so they can't help."

On At 10:15 a.m., Resident # 7 stated, "I would love to go to the senior center, but I can't because I don't have the to take with me. I have a portable tank but I don't have the wrench needed to open it."

On at 2:45 p.m., the Administrator said the activities of going for a walk and the exercises would take 30 minutes; going to the senior center would take 3 hours; watching a movie would take about 2 hours; bingo / monopoly (or board game) /playing a card game would take 1 hour each. She acknowledged the activities scheduled for the week of accounted for 6 ½ hours of activity. She said she was not aware they had to have 12 hours a week of activities. She acknowledged Resident #4, #7, and #8 have been watching television since breakfast. She acknowledged Resident #3 has been

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	R **07/19/2017**
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)

sitting at the table since breakfast without activity.

Class III