STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967362	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **A NEW BEGINNING ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **105 NE 11 AVENUE** **BOYNTON BEACH, FL 33435**	

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

0000 - Initial Comments

An unannounced relicensure survey was attempted on . . . . . at A New Beginning Assisted Living, LLC. (License #11386). The facility had a deficiency identified at the time of the visit.

Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810(3-4) FS; 59A-35.100(1) FAC

Based on observation and record review, the Administrator failed to notify the Agency of its discontinuance of operation .

The findings included

A relicensure survey was attempted at the facility on . . . . , survey was unsuccessful. Upon arrival at the facility on the indicated date, it was observed and noted that the facility was closed. After knocking multiple times at the door and touring the surrounding of the fenced property, it became evident that no one was on the property. An attempted phone contact to the Administrator on the same day at 9:00 AM revealed that the listed number was no longer active. This writer left a business card at the door and never received a phone call from the facility. A follow-up visit to the facility later that day at 4:00 PM confirmed the card was still where it was placed, between the doorframe and the door's lock.

A phone call to the Area Office also confirmed that the listed number (XXXXX) was the only number available for that facility. Review of Agency records revealed the Administrator had not submitted a notice of closure or a termination of license. The Agency still has not been able to reach the Administrator or obtain access to the facility as of today's date.

Unclassified