STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967743	R **05/31/2018**
NAME OF PROVIDER OR SUPPLIER **NEW LIFE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 WYOMING AVE** **FORT PIERCE, FL 34982**	

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

0000 - Initial Comments

An unannounced revisit to the licensure survey was conducted on [redacted] at New Life Assisted Living, License # 11797. The facility had uncorrected deficiencies at the time of the visit, A 0008 & A 0181.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review it was determined the facility failed to ensure each resident's current health assessment was completed, specifically related to the level of assistance required for medications; and the examining health care providers address and telephone number for 1 of 2 sampled residents reviewed (Resident #2).

The findings include:

During interview and review of Resident #2's health assessment (dated) conducted with the Administrator, on beginning at approximately 11:40 AM, she was asked why the following sections remained incomplete:

1) Level of assistance required for medications
2) Address of examining health care provider
3) Telephone number of examining health care provider

The Administrator stated she thought she only had to have the one section related to whether or not this resident needed assistance with medications completed because that was all that was mentioned to her during her last inspection.

Class III
Uncorrected deficiency

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interviews it was determined this facility failed to submit their CEMP (Comprehensive Emergency Management Plan), on an annual basis, for review by the local emergency agency.

The findings include:

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

During telephone interview conducted with the Administrator, on . . . . . beginning at approximately 10:50 AM, no approval letter received. She confirmed this after she arrived at the facility during interview at approximately 11:15 AM. She stated she had not resubmitted the facility's CEMP (Comprehensive Emergency Management Plan) since 2015. The Administrator stated she was not aware she needed to.

During subsequent interview conducted with the representative from St Lucie County Department of Public Safety and Communications, on . . . . . beginning at approximately 9:30 AM, he stated this facility's CEMP had not been submitted since 2015.

Class III
Uncorrected Deficiency