STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968543	10/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Beginning Assisted Living, Inc	418 Nw 21st Terrace Cape Coral, FL 33993

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

List of Tags Cited:
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= B
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= B
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:
This is the result of an initial Licensure and Limited Nursing Service survey completed on [redacted] at New Beginnings Assisted Living, an Assisted Living Facility.

The facility withdrew it's request for a Limited Mental Health specialty license. The following is a description of non-compliance:

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review, observation and interview, the facility failed to ensure the admission packet contained a contract which complies with 58A-5.025, F.A.C.; or elopement and [redacted] policies which clearly spell out the facility's procedures.

The findings include:

1. On [redacted] during record review, the elopement policy was noted to only direct staff to search in the building and did not include any outside search of the premises or surrounding area when looking for an eloped resident.

2. On [redacted] during record review, the [redacted] policy was noted to stated the facility would NOT do chest compressions. It went on to state if a resident chose to not sign a [redacted] they would receive appropriate care.

3. A review of the facility contract on [redacted] revealed the contract lacked:
a. any mention of Limited Nursing Services and any costs pertaining to such services and supplies;
b. ancillary charges, although the contract offered assistance with activities of daily living (none specifically listed) and then stated the basic cost did not include ADL services beyond the "one required" ADL;
c. offered "courtesy transportation," but did not define the service;
d. offered "housing" but did not specify or have a space to specify if the [redacted] private or semi-private;
e. required a "security deposit" but did not specify what it was for and an understandable refund policy for such;
f. a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.
g. a policy and procedures for self-administration, assistance with self-administration and administration of medications, including any provisions regarding over-the-counter (OTC) products.
h. a policy and procedures related to a properly executed

4. An interview on [redacted] at 3:30 p.m. with the administrator revealed the policies and procedures and contract were obtained from a Consultant and when she read them, they did not make sense to her either.

Class [redacted]

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0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to ensure a safe environment and not deprived of any civil or legal rights for any potential residents as per **434.4.4.5** All resident . . . . . shall be for the exclusive use of residents. Live-in staff and their family members shall be provided with sleeping space separate from the sleeping and congregate space required for residents.

The findings include:

1. During the initial survey tour a chain lock was observed at the top of the front door. It had to be unlatched before the survey could enter or exit the building.

2. During the initial tour on . . . . . at 12:30 p.m., the . . . . . the large resident . . . . . observed to have cleaning solutions stored under the sink. The cleaning solutions were not secured posing a potential hazard.

3. During the tour of resident . . . . . the . . . . . the double bed had personal belongings in it. The administrator verified they were her belongings and she was living in the . . . . . Therefore, the facility could only be licensed for 4 residents (2 residents in each of the other two bed . . . . . and not 5 as requested.

Class . .

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interview, the facility did not have any regular or therapeutic diet menus approved by a registered dietitian including portion sizes.

The findings include:

When asked for the cycle menus, the administrator stated she is only licensing for 5 beds and did not think she had to have approved menus.

Class . .

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the administrators personnel file lacked a timely freedom from communicable . . . . . and . . . . . statement as required by:
58A-5.019(2)(a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable . . . . . including . . . . . Freedom from . . . . . must be documented on an annual basis. A person with a positive . . . . . test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . . . . . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service.

The findings include:

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Record review of the personnel file for the owner/administrator and only staff person, the freedom from communicable [redacted] and [redacted] statement was reviewed. The statement was from well before [redacted] 2013. The Administrator verified the statement was from a prior employer and beyond the allowed time frame and a new statement would be needed.

Class [redacted]

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to develop a contract which met the requirements of 429.24 F.S.

The findings include:

1. A review of the facility contract on [redacted] revealed the contract lacked:
a. any mention of Limited Nursing Services and any costs pertaining to such services and supplies;
b. ancillary charges, although the contract offered assistance with activities of daily living (none specifically listed) and then stated the basic cost did not include ADL services beyond the "one required" ADL;
c. offered "courtesy transportation," but did not define the service;
d. offered "housing" but did not specify or have a space to specify if the [redacted] private or semi-private;
e. required a "security deposit" but did not specify what it was for and an understandable refund policy for such;
f. a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.
g. a policy and procedures for self-administration, assistance with self-administration and administration of medications, including any provisions regarding over-the-counter (OTC) products.
h. a policy and procedures related to a properly executed [redacted]

2. An interview on [redacted] at 3:30 p.m. with the administrator revealed the contract was obtained from a Consultant and when she read it, it did not make sense to her either.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
New Beginning Assisted Living, Inc
418 Nw 21st Terrace
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of an Initial Licensure and Limited Nursing Service (LNS) survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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