STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967362	05/20/2016
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 conducted on at A New Beginning Assisted Living. The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on resident record review and staff interview, the facility failed to ensure 2 of 2 residents, whose health assessments (AHCA Form 1823) were reviewed, had a face-to-face medical examination by a health care provider 1) at least every 3 years after the initial assessment, and 2) after a significant change in health status (Resident #1 and #2).

The findings include:

1) Resident #1 was admitted to the facility on / . The latest health assessment completed was on / . On / , Resident #1 is admitted to Hospice. There was no new health assessment completed from the time Resident #1 was admitted to Hospice until the the date of this survey.

2) Resident #2 was admitted to the facility on / . The latest health assessment completed was just prior to admission, . A new health assessment is to be completed every 3 years, if there is not significant change that occurs during that time. Resident #2 was to have a new health assessment completed on ; no assessment was done at this time.. Furthermore, Resident #2 had a significant change in health on when she entered into Hospice. A new health assessment was required to reflect the resident's significant change in health status; however, no new assessment was completed at this time, either.

On at 1:46 PM, the Administrator acknowledged that the current health assessments for Residents #1 and #2 did not accurately reflect the current health status of these residents, and new face-to-face examinations should have been conducted and new assessments completed for both Residents.

Class III

0055 Medication - Storage and Disposal

Based on observation and staff interview, the facility failed to secure refrigerated medications for 1 of 5

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residents (Resident #2).

The findings include:

On 5/20/16 at 1:30 PM, the Administrator was asked if there were any resident's medications that needed to be refrigerated. She stated, "We keep a Comfort Pack in refrigerator for [Resident #2]." When asked to see the medication(s), the administrator revealed a small, unsealed cardboard box located inside the refrigerator, on the side of the door. Inside the unsealed, cardboard box was the following medications: Haliperidol, CP Prochlorper 10 mg, Bi- -evac suppositories 10 mg, 0.5 mg., CP 0.125 mg, 650 mg . These medications were not in a secured container within the refrigerator as assessable by any person that has access to the kitchen.

The Administrator acknowledged on at 1:40 PM that all medications need to be kept secure, and the medications inside the refrigerator should be secured inside a locked container.

Class III

0083 Training - First Aid and

Based on employee record review, staffing schedule, and staff interview, the facility failed to ensure 1 of 3 staff members has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses (Staff B).

The findings include:

During employee record review for Staff B (hire date), there was no documentation contained within the employee's file, or provided by the Administrator, showing Staff B completed an approved course in First Aid and , and holds a currently valid certification card.

Review of the facility staffing schedule for Staff B reveals there are times when Staff B is scheduled to work alone with the residents. Therefore, he is required to have and First Aid certification. Staff B is not a licensed nurse or a Emergency Medical Technician/Paramedic, so he would not be exempt from either of these trainings.

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During interview conducted with Administrator on 5/20/16 at 1:50 PM, she acknowledges the absence of documentation confirming completion of the First Aid and trainings.

Class III

0093 Food Service - Dietary Standards

Based on observation, resident records, and staff interview, the facility failed to follow physician order for therapeutic diet for 1 of 5 residents (Resident #2).

The findings include:

On at 9:15 AM, during observation of breakfast meal, the Food Designee was asked if any resident was on a pureed diet; the Food Designee answered, "No."

During Hospice record review for Resident #2, the initial plan of care/admission orders, dated , documents Resident #2 has diagnosis of , and diet consistency is documented as "pureed" and "thickened liquids". A physician order, dated / , documents Resident #2 is to have a "pureed diet with thickened liquids as tolerated."

On at 12:26 PM, Resident #2 is observed eating an Egg Salad Sandwich and Tomato Soup for lunch. Beverage consistency is not thickened.

During interview with the Administrator on at 1:46 PM, she acknowledges she was not aware of the order for puree foods with thickened liquids, and order was not followed.

Class III

0160 Records - Facility

Based on facility record review and staff interview, the facility failed to maintain a current, accurate

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admission and discharge log.

The findings include:

A review was completed of the facility's Admission & Discharge log on . The facility's log did not contain an accurate accounting of the residents currently residing at the facility at time of survey. The Admission & Discharge log documented the facility had 6 residents currently in residence, but the administrator confirmed there were only 5 residents currently residing in the facility.

On at 9:15 AM, the Administrator stated, "[Resident] came on / , but she recently left the facility. I haven't added her discharge information in he log."

Class

0161 Records - Staff

Based on employee record review and staff interview, the facility failed to:
1) maintain personnel records for 2 of 2 staff (Staff B and Staff B) regarding required documentation per regulations; and
2) make available staff records for review for 1 of 3 (Staff C)

The findings include:

1) During employee record review for Staff A and Staff B, no documentation could be found showing evidence of compliance with level 2 background screening. A request for documentation showing compliance was made to the Administrator on at 1:00 PM, but the documentation was not provided.
Compliance was verified for Staff A and Staff B by checking the employment eligibility through Background Screening Clearinghouse website by the surveyor.

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On 5/20/16 at 1:46 PM, the Administrator acknowledged the lack of printed documentation in employee records for Staff A and Staff B.

2) During employee record review, the employee record for Staff C (Administrator) was not available for inspection.

The Administrator stated on at 9:30 AM, her personnel record was in her vehicle. The Administrator stated she could not retrieve the record from the vehicle, as the vehicle was not available because it had been very recently "impounded." Administrator stated she would have the record back at the facility by that afternoon.

Class

0162 Records - Resident

Based on resident record review and staff interview, the facility failed to ensure weight records for 2 of 2 residents receiving assistance with the activities of daily living have their weight recorded semi-annually and included in the residents' record (Resident #1 and #2).

The findings include:

1) Resident #1 was admitted to the facility on / , and admitted into Hospice care on / . During review of Resident #1's weight record, no semi-annual weights could not be found from time of admittance on / to date resident entered into Hospice (/). There were only two weights found documented from time of admission until date of survey: (98 lbs) and (100 lbs), and a note documentating that in of 2016, there was a 0.5 inch loss in the circumference of residents arm measurements taken by Hospice, which is attributed to physical/functional decline with muscle wasting.

2) Resident #2 was admitted to the facility on / , and admitted into Hospice on / . There are no weights documented for Resident #2 since /

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Administrator acknowledged during interview on 5/20/16 at 1:46 PM that she failed to keep up with weighing the residents semi-annually.

Class III

0164 Records - Inspection Availability

Based on observation and staff interview, the facility failed to present 2 of 5 resident records (Resident #3 & #4) for inspection due to records not being physically in the facility at the time of inspection.

The findings include:

On during the Relicensure survey, the records for Residents #3 and #4 were unavailable for review by surveyors.

The Administrator stated on at 9:30 AM, these Residents' records were in her vehicle because she had taken them from the facility to "work on them." The Administrator stated she could not retrieve the records from the vehicle, as the vehicle was not available because it had been very recently "impounded." Administrator stated she would have the records back at the facility by that afternoon.

Class III

Z814 Background Screening Clearinghouse

Based on review of facility staff schedule, Background Screening Clearinghouse review, and staff interview, the facility failed to maintain a current employee roster for all employees of the facility.

The findings include:

On , a review was conducted of the facility's employee roster located on the Agency's BGS Clearinghouse website. At this time, no employee roster was found for this facility.

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Review of the facility's staffing schedule revealed the facility currently has two employees in addition to the Administrator of the facility.

During interview with Administrator on at 1:46 PM, the Administrator confirmed she had not completed the Clearinghouse Employee Roster as of the date of the survey.

Z816 Background Screening-Compliance Attestation

Based on employee record review and staff interview, the facility failed ensure AHCA Form 3100-0008, 2013, Affidavit of Compliance with Background Screening Requirements, was signed and placed in 1 of 2 employee personnel files (Staff B).

The findings include:

During employee record review for Staff B, no Affidavit of Compliance with Background Screening Requirements could be found within Staff B's record. A request for Affidavit was made to the Administrator on at 1:00 PM, but Affidavit was not provided.

On at 1:46 PM, the Administrator acknowledged the lack of the Affidavit of Compliance for Staff B.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A New Beginning Assisted Living, LLC
105 NE 11 Avenue
Boynton Beach, FL 33435

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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