

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968543	(X3) DATE SURVEY COMPLETED R 11/03/2016
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 second revisit survey was conducted on 11/3/16 at New Beginning Assisted Living, Inc., an assisted living facility (license #12436) in Cape Coral, Florida. The first revisit was completed on 10/11/16. That was follow-up to a monitor visit completed 10/11/16. The same deficiency was identified at each visit.

The following is description of deficiency.

0055 Medication - Storage and Disposal

Based on observation, record review, and staff interview, the facility failed to dispose of medications after 1 (Resident #1) was discharged from the facility of 4 residents sampled.

The findings include:

Observation on 11/3/16 at 11:00 a.m., 3 boxes of unexpired Lotemax eye drops (a medication) were found in the 4th drawer of the facility medication cart. The medication was labeled as belonging to Resident #1.

Review of records revealed Resident #1 was discharged from the facility on 10/11/16.

In an interview on 11/3/16 at 11:00 a.m., Staff A reported she was not sure if Resident #1 or her family was contacted about the medication.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11968543	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY NEW BEGINNING ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 418 NW 21ST TERRACE CAPE CORAL, FL 33993	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052	Correction	ID Prefix A0054	Correction	ID Prefix A0055	Correction
Reg. # 58A-5.0185 (3)	Completed	Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.0185(6) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0057	Correction	ID Prefix A0160	Correction	ID Prefix A0162	Correction
Reg. # 58A-5.0185(8) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE 11/16/2016	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE 11-16-16
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/31/2015

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 3, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

YOSF

