STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	10/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tranquilityvilla Inc	9637 Apache Blvd West Palm Beach, FL 33412	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An onsite unannounced biennial relicensure inspection was conducted on . . . . . Tranquilityvilla had relicensure deficiencies identified at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation, interview and record review, it was determined the facility failed to ensure each resident's health assessment accurately reflects the level of assistance required related to medications; ambulation, and bathing, for 1 out of 2 sampled resident records reviewed (Resident #4).

The findings include:

During record review and interview conducted with the Alternate Administrator Designee/LPN (Licensed Practical Nurse), on at approximately 12:30 PM, Resident #4's record was reviewed. Review of Resident #4's Health Assessment revealed the nursing/treatment service requirement section of the health assessment (dated indicated medication administration for Resident #4. Page 4 (section B) indicated Resident #4 needs assistance with self-administration. The Alternate Administrator Designee/LPN was asked if any clarification was obtained from the physician to ensure this resident was provided with the appropriate level of assistance with medications. She replied no clarification was obtained and that the facility only provides assistance with self-administration of medications. She was also asked about the health assessment noting this resident requires assistance with ambulation and bathing. She replied that he is independent with both. She acknowledged that this health assessment does not accurately reflect this resident's current status.

During interview with Resident #4, conducted on . . . . . at approximately 12:20 PM, he stated that the staff does not provide assistance with bathing or ambulation. He stated he even has his own truck and drives himself around and that he is going to drive to Georgia, soon. He confirmed that a nurse does not provide him with his medications at this facility and that he conducts his own . . . . . .

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, it was determined this facility failed to ensure that a current Level 2 background screening was maintained on file, for 1 out of 4 sampled employee files reviewed (Employee B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	**10/28/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tranquilityvilla Inc	**9637 Apache Blvd West Palm Beach, FL 33412**	

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

The findings include:

During interview and employee record review conducted with the Alternate Administrator Designee/LPN (Employee B), on beginning at approximately 10:15 AM, Employee B's file was reviewed. She was provided the opportunity to locate a current Level 2 background screening for the following employee and she was unable to do so. Employee B date of hire noted as a State-only (Level 1) criminal records search was conducted, and on file, that was dated Further review of Employee B's file revealed a copy of a background screening website review, that was conducted on that indicated "A new screening is required". Employee acknowledged, on at approximately 10:30 AM, that she was not sent to obtain a current Level 2 background screening.

Review of the background screening website, conducted on , indicated "A New Screening is Required" and that fingerprints had not been retained. Last screening date was noted as and the Next Screening Due Date was noted as

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tranquilityvilla Inc
9637 Apache Blvd
West Palm Beach, FL 33412

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924