

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968208	(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER Tranquility Haven, Llc li	STREET ADDRESS, CITY, STATE, ZIP CODE 4030 Vancouver Ave Cocoa, FL 32926	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-03/04/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted on 03/04/2014.

Tranquility Haven Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 10, 2014

Administrator
Tranquility Haven, LLC II
4030 Vancouver Ave
Cocoa, FL 32926

RE: Revisit to initial licensure w/ECC/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 4, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

