

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967845	(X3) DATE SURVEY COMPLETED 05/08/2014
NAME OF PROVIDER OR SUPPLIER Tranquility Haven, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1346 Wilderness Lane Titusville, FL 32796	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A biennial re-licensure survey was conducted on 05/08/2014 at Tranquility Haven Assisted Living Facility. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 14, 2014

Administrator
Tranquility Haven, LLC
1346 Wilderness Lane
Titusville, FL 32796

RE: Biennial w/ECC/LNS

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 8, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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(s). Should you have any questions please call Lorraine Henry(407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/bc
Enclosure

