| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967845 | 03/27/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Tranquility Haven, Llc | 1346 Wilderness Lane Titusville, FL 32796 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

**Specific Tag Findings:**

0000-Initial Comments
AMENDED TO REFLECT CORRECT FACILITY, FROM 3340 PINE STREET, COCOA, FL 32926 TO 1346 WILDERNESS, TITUSVILLE, FL 32796.
**********

ECC/LNS monitoring visit was attempted on

Tranquility Haven, LLC, Titusville, had a deficiency found at the time of the visit.

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to ensure they maintained written records in a form, place and a system ordinarily employed in good business practice and accessible to the Agency for Healthcare Administration staff.

Findings:

Entrance on at approximately 2:15 PM with the caregiver who stated she did not have a key to the files for employee records. Phone interview with the administrator on at approximately 2:25 PM who stated she was in a meeting and could be at the facility in 45 minutes to an hour. She stated the staff did not have a key to provide records to the surveyor.

There was no documentation available for review to conduct the monitoring visit.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967845** | **03/27/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Tranquility Haven, Llc** | **1346 Wilderness Lane Titusville, FL 32796** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

12, 2014
**(Amended State Form & Letter)**
14, 2014

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

Dear Administrator:

Re: ECC/LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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. Staff from this office will conduct a review after **2014,** 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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