STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967845	09/29/2014
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 - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures
S-S= D

Specific Tag Findings:
0000-Initial Comments
Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring conducted on [redacted] Tranquility Haven, LLC Assisted Living Facility with ECC and LNS had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility failed to ensure physical [redacted] were limited to half bed rails for 1 of 1 sampled residents (#1).

Findings:

Observation on [redacted] at approximately 9:30 AM revealed resident #1 was sitting in a recliner with a lap tray in front on her and was restrained. The resident was not interviewable due to her [redacted] status.

In an interview with staff A on [redacted] at approximately 9:30 AM who stated resident #1 was not receiving hospice services.

Observation on [redacted] at approximately 11 AM revealed resident #1 was reclined in the chair with the lap tray in place and was restrained.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) updated on [redacted] that indicated diagnoses of [redacted] and [redacted].

In an interview with staff A on 9//2[redacted] at approximately 11 AM who stated she was not aware the reclining chair with a lap tray was a physical [redacted].

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: ECC monitoring

Dear Administrator:

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 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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