STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968417	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tranquility Haven	3340 Pine St Cocoa, FL 32926	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
0000-Initial Comments
The biennial re-licensure survey with Limited Nursing Services and the initial Extended Congregate Care were conducted on 12/9/14 and 12/10/14. Tranquility Haven Assisted Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure the Assisted Living Facility Health Assessment Form (1823) included the required information for 1 of 3 sampled residents (#2).

Findings:

Record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) updated that indicated diagnoses and There was no documentation to indicate the resident's diet.

In an interview with the administrator on at approximately 3 PM who stated she was not aware the physician did not indicate the resident's diet on the 1823.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure physician's orders were followed for 1 of 3 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health assessment form (1823) dated that indicated diagnoses of left hip and The 1823 stated nursing services required for left knee brace.

Observation on at approximately 1:30 PM revealed the resident did not have a knee

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brace on the left knee.

In an interview with the administrator on at approximately 3 PM who stated the resident had not been wearing the knee brace and she had not obtained a physician's order to discontinue use of the brace.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to ensure the hospice interdisciplinary care plan was developed in collaboration with the facility for 1 of 3 sampled residents (#2).

Findings:

In an interview with the caregiver on at approximately 1:30 PM who stated resident #2 was receiving hospice services.

Record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) dated that indicated diagnoses of and

Review of the Hospice Integrated Care Plan dated and Addendums to the Plan of Care revealed there was no documentation to review that indicated the Hospice Care Plan was developed with participation from the facility, was personalized and addressed the coordination of the resident's care between the facility and the hospice agency.

In an interview with the administrator on at approximately 3 PM who stated the facility did not participate with the hospice provider when the plan of care was developed.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to obtain a physician's order to assist with self-administration of medications for 1 of 3 sampled residents (#1).

Findings:

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated the resident self-administered medications.

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In an interview with the resident on at approximately 1:45 PM who stated the facility assisted him with his medications.

Resident record review and review of the 2014 Medication Observation Records revealed the resident received assistance with self-administration of medications.

There was no documentation to review that indicated the facility had obtained an order from the physician for the resident to receive assistance with self-administration of medications.

In an interview with the administrator on at approximately 3 PM who stated the facility needed to get an order to clarify the resident needed assistance with self-administration of medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Tranquility Haven
3340 Pine St
Cocoa, FL 32926

RE: Biennial w/LNS & initial ECC

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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