STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968417	**05/19/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Conducted Extended Congregate Care monitoring visit on [redacted] Tranquility Haven had deficiencies found at the time of the visit.

0083 - Training - First Aid and [redacted] - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure staff who worked alone, had completed a [redacted] and First Aid course, from an approved provider, for 1 of 2 sampled staff (Staff A).

Findings:

During entrance conference with Staff A on [redacted] at approximately 1 PM revealed she was working alone.

Review of personnel files revealed Staff A an unlicensed caregiver, did not have documentation of completion of a current course in [redacted] and First Aid that was taken from an approved provider. Review of the Certificate that expired on [redacted] revealed the course was taken from American Academy of [redacted] and First Aid, Inc. and was an online course.

In an interview with the administrator on [redacted] at approximately 2:45 PM who stated she was not aware the online [redacted] and First Aid courses did not meet the requirements.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on record review and interview the facility failed to ensure a nurse was available to provide nursing services, participate in the development of resident service plans and perform monthly nursing assessments for potential extended congregate care (ECC) residents.

Findings:

In an interview with the administrator on [redacted] at approximately 1:30 pm who stated she had hired a new nurse to provide ECC services. The nurse had not started, as there were issues with the quality of her fingerprints and she had not completed the background screening process. She further stated the facility had a contract with a Home Health Care (HHC) Agency to provide ECC services to the residents.

Review of the HHC agreement revealed it was signed on [redacted] by the Director of Patient Services at Tender Touch Home Health Care (HHC) Agency, and indicated they would provide nursing services to Tranquility Haven, LLC II, at a nearby location.

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E203 Continued From page 1

Further interview with the administrator on [redacted] at approximately 1:45 PM who stated she also had a contract signed with the HHC agency for ECC services at the Tranquility Haven location. She was unable to locate the contract.

Phone interview with the Director of Patient Services at Tender Touch Home Health Care (HHC) Agency on [redacted] at approximately 2 PM who stated she had been to the nearby facility, owned by the same administrator and signed a contract for nursing services for HHC services. She signed the contract for the Tranquility Haven, LLC II, not for the Tranquility Haven location.

Further interview with the administrator on [redacted] at approximately 2:05 PM who stated the previous ECC nurse was still available to provide services.

In a phone interview with the previous ECC nurse on [redacted] at approximately 3 PM who stated, her last day of work at the facility was [redacted] She stated she was unsure of her employment status with the facility as of that date.

The facility did not have an ECC nurse available to provide nursing services, develop care plans and perform nursing assessments.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tranquility Haven
3340 Pine St
Cocoa, FL 32926

RE: ECC monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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. **Please forward documentation of correction to the Field Office.** 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
XG90

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