STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	08/19/2015
NAME OF PROVIDER OR SUPPLIER **TRANQUILITYVILLA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9637 APACHE BLVD** **WEST PALM BEACH, FL 33412**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial Standard Relicensure survey was conducted on 8/19/15 at Tranquilityvilla Inc. The facility had deficiencies found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications followed written Health Care Provider (HCP) orders, for 1 of 2 sampled Residents (#2).

The findings include:

Medication system review conducted on / for Resident #2 revealed the following concerns:

1. A written HCP order dated / called for the resident's to be increased to 20 milligrams (MG). The prescription label for this medication disclosed the dose at 10 MG. He was observed on / at 8:45 AM to receive 10 MG of this medication.

2. A HCP dated / called for Florinef 0.1 MG one and a half tablets daily. During the medication reconciliation process, a " pack" card containing the resident's Florinef was observed to contain one and a half tab doses in the individual slots numbered 20 through 31. A half-tab of Florinef was observed in slot 14 and the slot was open. In an interview conducted at 2:44 PM, Employee A stated the resident's Case Manager (not a HCP) told them to occasionally take the resident's and if it seemed high to call her. Employee A called her that day and was instructed to hold the half pill that day. She acknowledged there was no written HCP order to support this change, and that she must only change instructions for medications after a written HCP order is received.

These concerns were discussed with Employee A on / at 2:44 PM and with the Administrator by telephone on at 4:45 PM.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration received the required annual training, for 2 of 2 sampled Employees (A and B).

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

On 8/19/15 at 8:45 AM and 8:55 AM, Employee A was observed assisting Residents #1 and #2 with self-administration of medications. In an interview conducted on / at 8:47 AM, Employee B stated she assists residents with self-administration of medications. Employee file review conducted revealed Employees A and B revealed their last training in Assistance with Self-Administration of Medications was conducted on / , more than 14 months prior to the survey.

This was discussed with Employee A on at 3:30 PM and with the Administrator by telephone on / / at 4:45 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tranquilityvilla Inc
9637 Apache Blvd
West Palm Beach, FL 33412

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 by a representative 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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