STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967845	05/10/2016
NAME OF PROVIDER OR SUPPLIER **TRANQUILITY HAVEN, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1346 WILDERNESS LANE** **TITUSVILLE, FL 32796**	

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

0000 Initial Comments

Re-licensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on . Tranquility Haven LLC had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 1 of 2 sampled residents record had a completed health assessment that addressed all the required criteria (#3).
Findings:
Resident record review for resident #3 revealed a health assessment report AHCA form 1823 dated . Continued review revealed the report did not indicate whether or not the resident needed assistance with self-administration of medications, that portion of the report was blank.
During an interview at 3:30 PM on , with the manager, who said the form was overlooked.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 2 of 2 sampled Residents (#2 and #3) with self-administration of medications followed the correct procedure.
Findings:
Observations during the medication pass on at 11:45 AM noted staff A washed her hands. Resident #2 sat by her. She reviewed Medication Observation Record (MOR). She retrieved the medications from a locked medication cabinet. She poured a pill in a small cup and handed it to the resident. She observed her take the medication and signed the MOR.
Observations during the medication pass on at 11:50 AM noted staff A reviewed the MOR for resident #3. The resident sat by her. She poured a pill in a small cup and handed it to the resident and told her "It's your pill". She observed her take the medication and signed the MOR.
Observations of the prescription label indicated 0.25 mg 3 times daily. The MOR indicated the medication was due at 8 AM, 2 PM and 8 PM.
During an interview at 12 PM on / , Staff A said she thought the MOR said 12 PM and it said 2 PM. She noted it on the MOR to make the next shift aware to move back the 8 PM medication time.
The unlicensed staff did not read the prescription label out loud to the 2 residents, whom she assistance with self-administration of medications.
Class III

Z814 Background Screening Clearinghouse

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

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening.

Findings:

In an interview with Staff A on at 9:30 AM who stated there were 2 new staff who were in training, plus 2 trained staff (E & F) working the shift.

Review of the facility's Background Screening Clearing House roster on revealed the roster included 47 individuals that included the administrator and the manager and 4 staff who were noted to have a termination date of employment. The log did not list the 2 new staff (F and G), although they were background screened. Staff H, scheduled to work 6 PM - 6 AM, was not listed on the log.

During an interview at 3:45 PM on / , with the administrator, who said that some of the staff listed on the roster worked at her other facility and some of them may at some point come to work at the facility. She identified 22 names that although were listed on the, who no longer were employed at any of her facilities. The log had not been kept up to date, she was not aware it was necessary.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Re-licensure with ECC and LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 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 , 2016.** 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com