

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968417	(X3) DATE SURVEY COMPLETED 08/11/2016
NAME OF PROVIDER OR SUPPLIER TRANQUILITY HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3340 PINE ST COCOA, FL 32926	

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

0000 Initial Comments

A monitoring for Extended Congregate Care (ECC) was conducted on _____ and _____. Tranquility Haven license # 12299 had a deficiency found during the visit.

0084 Training - Assis Self-Admin Meds & Med Mamt

Based on interviews and observations the facility failed to ensure 1 of 2 unlicensed staff (A) who provided assistance with self-administered medications completed a 4-hour class that was in compliance with 58A-5.0191(5)(a), F.A.C prior to assuming the responsibly.

Findings:

Personnel record review for Staff A revealed she was hired _____ and was not a nurse. Continued review revealed a certificate of training regarding the provision of assistance with self-administration of medications dated _____. The certificate had the printed name, license number of a Registered Nurse and an Internet website address.

During an interview on _____ at 11:45 with staff A, who said she assisted residents with self-administration of medications and took the 4 medication training on line and the facility nurse did a skills check off.

In an interview with the Administrator on _____ at 11:45 PM, who stated she had spoken to someone at the Agency and was told that an Internet class was acceptable because she had a nurse to do a skills check off. She was unable to recall who was the individual she spoke with.

The Internet site used by the staff indicated it was under construction. It instructed to click to take the test.

The Department of Health website indicated the Registered Nurse whose name was on the certificate was _____.

The issue was discussed with the local Area Office. The Assisted Living Unit in Tallahassee discussed the issue with the Department of Elder Affairs who concluded that per 58A-5 the "Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises."

In a telephone interview with the Administrator on _____ at 12:30 PM who stated her understanding was that an Internet training was acceptable as long as a nurse did skills check off.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2016

Administrator
Tranquility Haven
3340 Pine St
Cocoa, FL 32926

RE: Extended Congregate Care Monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 1, 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 27, 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

