

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968417	(X3) DATE SURVEY COMPLETED 08/09/2017
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

Complaint investigation #2017006290 was conducted on . Tranquility Haven, license #12299, had deficiencies at the time of the visit.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, dietary record review and interview the facility failed to document substitutions to the menu before or when the meal was served.

Findings:

A review of the menu posted on the bulletin board for revealed the lunch menu was 3 oz. shrimp stir fry, ½-cup rice pilaf, ½-cup baby carrots, 1 dinner roll, ½-cup sherbet and 1 c milk.

Observation of the meal served to residents was shrimp stir fry with noodles instead of rice and canned mixed vegetables instead of baby carrots.

A review of the substitution log revealed the most recent substitution was from several days prior. No substitutions were noted for .

In an interview with the caregiver on at 12:30 PM, she said, "We usually write those at night."

In an interview with the administrator on at 1:30 PM, she stated the night staff does the cooking for the next day and usually notes substitutions at that time. She said her day staff should make sure to note them before serving the meal.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the Admission and Discharge Log review and interview the facility did not maintain an accurate and up to date Log for 3 of 5 sampled residents (#2, #3 & #4).

Findings:

Review of the Admission and Discharge log revealed there were 9 residents listed without discharge dates who were no longer residing at the facility.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

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In addition, resident #4 was listed as discharged on , but was present and residing in the facility at the time of the survey. In addition, residents #2 & #3 were not documented in the log. On at 1:45PM, the administrator confirmed the 9 residents in question no longer lived in the facility and that residents #2, #3 & #4 were not on the log as current residents. Class		