STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	**11/02/2017**
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 abbreviated survey was conducted on at Tranquilityvilla, Inc. (License #12097). The facility had deficiencies found during the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to maintain documentation of completed yearly elopement drills.

The Findings Include:

During a facility record review on at approximately 10:00AM, it was revealed the facility had no documentation for any elopement drills for 2016 or 2017. During this time the Designee was given the opportunity to locate the documentation.

During an interview with the Designee, it was revealed the facility had not completed any elopement drills. She acknowledged the findings and provided no additional documentation for review.

Class

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on resident record review and interview, the facility failed to ensure that licensed professional provide administration of for 1 of 1 sampled residents (Resident#1).

The Findings Included:

During a record review of Resident#1's file, it was revealed that Resident takes Lantis 10 Units via pen, every morning. During a staff interview with Staff C on 11/ at approximately 8:29AM. Staff C stated they have one resident who receives and "they help him with it". An additional interview was conducted with Staff C on 11/ at approximately 9:40AM, she stated Resident#1 receives , but he gives it to himself. Further interview revealed the Med Tech's dial the amount of (10 Units) on the pen and Resident#1 injects himself. At this time a review of Resident#1's Agency for Health Care Administration Health Care Assessment (AHCA Form 1823) revealed Resident #1 receives assistance with self-administration of medication.

During an interview with Resident#1's son on at 12:40PM, he revealed that the facility handles and makes sure his father get his . He stated he is not sure how it is done, but he

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	11/02/2017
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)

acknowledged being notified that unlicensed staff would be assisting with self-administration of medications. At this time, an interview with Resident#1 revealed, He is not aware of how much he takes, he just injects himself when they hand him the pen.

During an interview with the Administrator via telephone, the Administrator confirmed the Med Tech's dial the amount of to be given on the pen and the resident injects himself.

During an interview with the Designee and the Administrator (via phone), they acknowledged the findings and provided no additional information for review.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview , the facility failed to ensure that each staff member submitted a yearly written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 1 of 3 sampled staff (Staff A).

The Findings Included:

On at 11:10AM, record review was conducted for Staff A. It revealed Staff A did not receive a yearly written statement from a health care provider documenting that he does not have any signs or symptoms of communicable . Further review revealed the last statement was dated . During this time the Designee was given the opportunity to locate the documentation.

During an interview with the Designee on at approximately 1:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to register and maintain all employees in the Agency for Health Care Administration (AHCA) clearinghouse roster within 10 days of hire, for 3 of 3 sampled staff (Staff A, B, C).

The Findings Included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968135	**11/02/2017**
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)

During a review of the facility staff schedule and the AHCA clearinghouse roster , it was revealed none of the staff listed on the facility schedule were registered on the clearinghouse roster within 10 days of hire. The staff members are as follows:

1) Staff A: Hire Date: . . . . .

2))Staff B: Hire Date: . . . . .

3) Staff C: Hire Date: . . . . . .

During an interview with the Designee on at approximately 1:15PM, she stated she is not aware of who updates the clearinghouse roster, she acknowledged the findings and provided no additional information for review.

Unclassified