STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967845	R 03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILITY HAVEN, LLC	**1346 WILDERNESS LANE** **TITUSVILLE, FL 32796**

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

0000 - Initial Comments

A revisit to Complaint Investigation #2017012115 was conducted on . Tranquility Haven LLC, license #11805, had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

DEFICIENCY REMAINS UNCORRECTED

Based on observations, record review and interview; the facility did not obtain an updated Resident Health Assessment form (1823) for 1 of 3 sampled residents (#8) with a significant change in status when they were admitted to hospice care.

Findings:

Review of the record for resident #8 revealed she was admitted to the facility on . Her admission 1823 was dated . Further review of the record revealed she was admitted to hospice care on . No other health assessments were found in the record.

On at 12:10 PM, Staff G confirmed there was no updated 1823 for resident #8 after she started hospice care.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINS UNCORRECTED

Based on observation, record review and interview, the facility failed to maintain a written record of significant changes and did not document if the family and health care provider were notified after the development of a , for 1 of 3 sampled residents (#9).

Findings:

Observation during the tour of the facility revealed resident #9 laying on his bed at 10:45 AM. He was dressed, said he had finished breakfast and was resting. At 12:00 PM, resident #9 was observed seated in the living TV.

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TRANQUILITY HAVEN, LLC	**1346 WILDERNESS LANE** **TITUSVILLE, FL 32796**

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

Review of the record for resident #9 revealed on he was admitted to another facility owned by the same owner as this license. The first health assessment in the record was dated . The health assessment documented there were no , at the time of the assessment. A 45-day notice of discharge was found in the record dated . According the notice the resident exceeded the care limits of the facility and gave a move out date no later than .

The first observation note dated and described an open on the , . Another note, dated , documented resident #9 was transferred from the other facility to this facility. An incident report dated by Staff #G, night supervisor, indicated she noticed a , on the left and called the staff nurse. No other mention of the in the record. No documentation of notification of provider or POA was found. No more mention of wounds was found. On , resident #9 was still residing in the facility.

On at 11:30 AM, Staff J stated resident #9 was given the discharge notice because he had a .

On at 12:15 PM, staff #G confirmed she wrote the incident report on after noticing the open while assisting the resident in the shower. She stated that was the first time she was aware of the , . Staff G confirmed there were no notes in the record that a healthcare provider was notified.

Class III

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

Based on review of the Admission and Discharge Log and interview, the facility failed to ensure an accurate and up-to-date log was maintained for 1 of 6 sampled residents.

Findings:

Review of the facility's admission and discharge log revealed the facility keeps a separate admission discharge log in each of the 2 houses under this license. Further review revealed Resident #2 was not listed on the log for either house. Review of the logs found they were identical for the majority of the residents, whether they lived in one house or the other. The only differences were a few handwritten names at the end of each log. Further review did not find resident #2 listed on the log for either house.

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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)

On at 12:30 PM, Staff G, night supervisor, confirmed that resident #2 was not on either log provided.

In a phone interview with the administrator on at 12:40 PM, she stated they were trying to combine the logs, but must have missed resident #2.

Class III