STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968208	**01/09/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tranquility Haven, Llc Ii	**4030 Vancouver Ave Cocoa, FL 32926**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
A re-licensure survey and the Initial Extended Congregate Care and Limited Nursing Services (ECC and LNS) surveys were conducted on .....

Tranquility Haven, Limited Liability Corporation, II had a deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews, the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container and return the medication to storage for 1 of 4 sampled residents (#1).

Findings:

Observation on ..... at approximately 1:50 AM revealed Staff A, caregiver, was assisting the residents with self-administration of medications. The staff pre-poured 2 pills in a plastic cup for resident #1. Staff A took the cup to the resident and gave him his medications.

The staff did not take the medication in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container and return to the medication storage.

In an interview with the administrator on ..... at approximately 4:15 PM who stated, she was not aware Staff A did not follow the proper procedure when assisting with medications, stated the staff had the medication training and she had recently gone over the proper procedure for assisting with medications with all of the staff.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Tranquility Haven, LLC II
4030 Vancouver Ave
Cocoa, FL 32926

Dear Administrator:

Re: Initial ECC/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2014 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. Staff from this office will conduct a review after **2014,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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