STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968417	11/14/2016
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

On 14, 2016 a re-licensure survey in conjunction with Extended Congregate Care (ECC) and Limited Nursing Service (LNS) surveys was conducted at Tranquility Haven, license #12299. There were deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on observation, record review, and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to administer medications to 1 of 1 sampled residents (#2.)

Findings:

During a medication pass observation for resident #2, the unlicensed medication technician crushed each medication separately, placed each medication in pudding, and fed the pudding to the resident. Resident #2 did not participate during the medication pass.
Record review for resident #2 revealed she required assistance with self administration of her medications.
On / / at 1:40 PM, the medication technician said resident #2 was unable to take her own medicine because "she shakes and gets it on her face."
On / at 3:45 PM, the administrator said resident #2 was able to take her own medicine but she was slow and required patience.
Class III

0079 Staffing Standards - Levels

Based on observations, record review and interview, the facility failed to maintain an accurate staffing schedule.

Findings:

Observations during a tour of the facility revealed the presence of 2 staff, the facility manager and a caregiver.

Review of the facility's staff schedule revealed the facility manager was not listed.

On / / at 3:41 PM, the administrator said both her and the facility manager's time was counted

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968417	11/14/2016
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)

towards staffing hours. She confirmed neither of their names were listed on the staff schedule and said she could not write their names on the schedule because they would not fit.

Class III

0093 Food Service - Dietary Standards

Based on record review, meal observation, and interview, the facility failed to note a meal substitution before or when the meal was served.
Findings:
Observation of the lunch meal revealed fish, French fries and mixed vegetables was served.
Review of the menu for / / revealed lunch would consist of corn beef with creamy potatoes, cabbage and carrots, and rye bread.
On / at 3:45 PM, review of the menu revealed the meal substitution was not noted. The facility manager said the caregiver was going to document the substitution before her shift ended.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Tranquility Haven
3340 Pine St
Cocoa, FL 32926

RE: Re-licensure w/ECC & LNS

Dear Administrator:

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

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