Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969325	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL SQUARE AT TALLAHASSEE ASSISTED LIVI	1060 CLARITY POINTE TALLAHASSEE, FL 32308

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation for complaint number 2025016730 was conducted at Capital Square at Tallahassee Assisted Living Facility and Memory Care on though . A generator assessment was performed concurrent to this investigation. The facility had deficiencies at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section	A 054		

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A 054	Continued From page 1 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to update the medication administration record each time medication was administered for 3 of 3 residents sampled. (Resident #1, #2 and #3) The findings include: A review of Resident #1's medical record was conducted. Resident #1's medication includes , - , 25-100 mg to be given 7 times a day. The Medication Administration Report (MAR) was left blank on at 1:30 PM, at 1:30 PM and 9:00 PM, at 1:30 PM, and at 1:30 PM. Resident #2's medical orders included , - , tab 25-100 mg, one tab three times daily. MAR reviews revealed that on , , and , documentation for this medication was left blank. Another physician order was reviewed for solution. The MAR documentation was left blank on at 4:30 PM, on at 7:30 AM, 11:00 AM, and 4:30 PM, on at 11:00 AM and 4:30 PM, and on at 7:30 AM, 11:00 AM and 4:30 PM. Resident #3's medical orders included / , , 250 mg, give 5 tablets via . The MAR review reveals that on at 5pm, at 5pm, at 5:00 pm and on at 5 PM, documentation was left blank. Another order stated vanilla 1 and a half	A 054		

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A 054	Continued From page 2 containers per tube four times a day with 250 Ml of water flush. This was not documented as given on , , , and for the 4:30 PM dose each day. On at 5:00 AM, documentation was left blank as well. On at 4:54 PM, an interview was conducted with the Director of Wellness. She reviewed the MARs for Resident #1, Resident #2 and Resident #3 and confirmed that these MAR areas were blank and there was no documentation indicating the reason why the medications were not administered. She stated staff is required to document the reason that any medication is not given. A review of facility policy "Medication Program", dated , was conducted. The policy states, "For those assisted living residents who need medication assistance the community may provide a medication program and ensure compliance with all state and federal regulations. All physician's orders (i.e. prescriptions, discharge orders, telephone orders, faxes, physician's order form, etc.) must be signed, dated, and kept in the resident's medical chart in chronological order with the most current order on top." Class III	A 054		