

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/09/2025
NAME OF PROVIDER OR SUPPLIER TAPESTRY SENIOR LIVING OF TALLAHASSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 2516 W LAKESHORE DR TALLAHASSEE, FL 32303		
(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 biennial licensure survey, emergency environmental control survey, and complaint survey for complaint numbers 2025007498 and 2025008482 was conducted at Tapestry Senior Living of Tallahassee on - . Deficient practice was identified at the time of the survey.	A 000			
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.	A 032			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 032	Continued From page 1 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review, staff interview, and policy review, the facility failed to implement their _____, and elopement policy by failing to ensure all direct care staff participate in a minimum of 2 elopement drills annually for 2 of 3 sampled staff. (Staff A and B)	A 032			

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A 032	Continued From page 2 The findings include: Review of the facility's elopement drills since the last biennial survey on _____ revealed Staff A (Resident Assistant, hire date _____) had participated in only one elopement drill on _____ and Staff B (Medication Technician, hire date _____) had not participated in any elopement drills since the last biennial survey. An interview was conducted with the Administrator on _____ at 2:42 PM. The Administrator stated the facility had no other evidence of elopement drills for Staff A or B because she thought the requirement was annual drills. The facility policy for _____, and Elopement (revised _____) states, "...the Community on a semi-annual basis will conduct elopement drills simulating the disappearance of a resident. All associate's participation in these drills will be documented." Class III	A 032			
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and _____ and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current _____ certification that requires the student to demonstrate, in person, that he or she is able to perform _____ and which is issued by an _____	A 083			

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A 083	Continued From page 3 instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who had completed a course in First Aid was present in the facility during 1 of 3 shifts of staff reviewed. The findings include: A review of Employee C's file revealed the staff member worked the 11:00 PM-7:00 AM shift. The file contained no evidence of First Aid training. An interview was conducted with the Administrator on at 1:51 PM. The Administrator stated they have no staff on 11:00 PM-7:00 AM shift with current first aid training and they do not staff a nurse on the 11:00 PM-7:00 AM shift. Class III	A 083			