| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969126** | **09/26/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**TAPESTRY SENIOR LIVING OF TALLAHASSEE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2516 W LAKESHORE DR**<br>**TALLAHASSEE, FL 32312** | |

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

**0000 - Initial Comments**

An unannounced biennial with specialty license for Limited Nursing Services was conducted in conjunction with a generator assessment and a complaint survey for allegations contained within CCR#2018012513 and CCR#2018013996 from [redacted] through [redacted] at Tapestry Senior Living of Tallahassee, an assisted living facility, state license #12941. Deficient practice was identified at the time of the survey.

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview, the facility failed to ensure that 3 of 5 employees submitted a written statement from a health care provider documenting that the employee did not have any signs or symptoms of a communicable [redacted] (employees A, B and C)

The Findings:

A record review was conducted of five employee's personnel files. Upon review of the records, employees A, B and C were found not to have a communicable statement from a health care provider that stated the employee was free of signs or symptoms of a communicable [redacted].

On [redacted] at approximately 4:15pm, an interview was conducted with the Executive Director, Director of Resident Care and Community Supervisor who reviewed the personnel files of employees A, B and C and confirmed that the personnel files did not have the communicable [redacted] statements.

Class III

**0090 - Training - [redacted] - 58A-5.0191(11) FAC**

Based on record review and interview, the facility failed to ensure that 2 of 5 employees received the one hour training on the facility's policies and procedures regarding [redacted] within 30 days after employment. (employees A and B)

The Findings:

A record review was conducted of employee A's personnel file, hired on , and failed to show evidence that the employee had received the required 1 hour training regarding the facility's [redacted] policy. Review of the personnel file for employee B, hired on , also failed to contain evidence of

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

the 1 hour training.

On at approximately 4:15pm, an interview was conducted with the Executive Director, Director of Resident Care and Community Supervisor who reviewed the two employee's personnel files and also did not find the training's. The community supervisor searched their Relias training web and again confirmed that the personnel files did not have the missing training's.

Class III