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

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018012513 and CCR#2018013996 was conducted at Tapestry Senior Living of Tallahassee, an assistedlLiving facility, state license #12941, from . . . . through . . . . . A biennial with Limited Nursing Services and a generator assessment was conducted in conjunction. 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 received the required 3 hours of training related to assistance with activities of daily living and behavior needs within 30 days of employment. (employees A, B and D)

The Findings:

A record review was conducted of employee A's personnel file, hired on , which failed to demonstrate that the employee had completed the required 3 hours of training in assisstance with activities of daily living and resident behavioral needs within 30 days of hire. Employee B, hired on , also had no documentation showing completion of this training. Employee D, hired on , also had no documentation showing completion of this training.

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