STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969126	**04/18/2019**
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 complaint #2019001642, #2019002466 and #2019003561 was conducted from 4-16-2019 to 4-18-2019 at Tapestry Senior Living of Tallahassee. Deficient practice was identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed resident health assessment for 4 out of 24 sampled residents (resident #4, #14, #26 and #27).

The findings are:

Review of resident #4's health assessment, dated on , revealed there was no examining physician name or address printed on this document to represent who the examining physician was who performed this resident's medical examination.

Review of resident #14's undated health assessment, page 5, indicated that there were no resident services identified by the facility and there were no signatures to represent the acknowledgement for the required services to be provided to the resident.

Review of discharged resident #26's health assessment, dated on , page 5 indicated that there were no resident services identified by the facility and there were no signatures to represent the acknowledgement for the required services to be provided to the resident.

Review of resident #27's health assessment, dated , indicated there was no examining physician name or address printed on this document to represent who the examining physician was who performed this resident's medical examination.

In an interview with the director of nursing on 4-18-19 at 11:35am, she stated that after reviewing the health assessments for residents #4, #14, #26 and #27, she was aware that these health assessments were not complete and the facility did not ensure that they were completed by the facility staff, residents' physicians or physician extenders.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, record review and interview, the facility failed to provide appropriate supervision of care by not assisting 1 out of 24 sampled residents (Resident #1) with her activities of daily living (ADL).

The findings included:

In an observation on 4-16-19 at 2:25pm, resident #1 was seen ambulating independently while using a _ , without any physical assistance, as the resident entered through the front door of her bedroom. During this observation, the resident presented to be moderately when she opened the door and walked into her bedroom using the .

In an interview with the director of nursing (DON) on 4-16-19 at 2:30pm, she stated that she believed that resident #1 was able to safely ambulate independently without any physical assistance.

Review of resident #1's health assessment, dated on , indicated that she was diagnosed with and had and . It also indicated that the resident needed to have precautions and required assistance with ambulation, transfers, bathing, dressing and toileting.

Review of resident #1's nursing evaluation, dated on indicated that she was diagnosed with , in her and used a to ambulate and was not considered to be a potential risk for

Review of the facility's incident/accident log indicated that resident #1 on , but had not been reassessed for precautions.

Review of the facility prevention and response policies and procedures indicated that the staff must follow its guidelines to promote optimal resident safety and decrease the residents' possibility of injuries from Review of the policies and procedures indicated that each resident was to be assessed for conditions and factors that increased their risk for and this assessment was to be done on admission and on an ongoing basis, including after a resident event.

In an interview with the DON on 4-17-19 at 2:00pm, she stated that she was not aware that resident #1 required assistance with most of her ADLs, including ambulation, to maintain her safety. She stated that the facility did not perform a recent nursing evaluation or a risk evaluation to determine the resident's specific needs.

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Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS 429.27

Based on observation, record review and interview, the facility failed to honor the rights of 2 of 24 sampled residents (#6 & #29) by failing to ensure the personal property of a discharged resident was removed from the room of resident #6 and by failing to ensure resident laundry was collected and laundered timely for residents #6 & #29.

The findings are:

Resident #6
In an observation on 4-17-19 at 11:55am in resident #6's room, there were clothing, linens and personal garments strewn on the bedroom floor. In an interview with resident #6 at this time, she stated that the staff did not launder her personal items in a timely manner and that the staff also did not clear all the items from the discharged resident who lived in her bedroom several weeks ago.

Residnet #29
In an observation on 4-18-19 at 9:45am in resident #29's room, there were soiled clothing, linens and personal garments strewn on the bedroom and bathroom floor. In an interview with resident #29 at this time, she stated that the staff did not launder her personal items in a timely manner and this was the reason why her clothing, linens and personal garments were piled up inside her bedroom. She stated that it was over one week that the facility had done her laundry.

In an interview with caregiver B on 4-18-19 at 9:50am, she stated that she was not aware that resident #29 had so much soiled laundry piling up inside her bedroom and that the this was not supposed to happen.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to adequately store and dispose of the medications for 1 of 10 sampled resident medications (#2, #21, #22, #23, #24 and #25) by not returning the medications to each respective resident when discharged from the facility and by not disposing of each medication within 30 days of it being abandoned or expired.

The findings are:

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Review of resident #2's medication record indicated that the resident received the medication on and ; however, review of the resident's medication list for those months showed the resident's had been discontinued.

In an interview with the director of nursing on 4-16-18 at 11:10pm, she stated that resident #2's physician discontinued the resident's medication in November 2018 and that she was not aware that the resident received this medication after its discontinuance.

In an observation on 4-17-19 at 10:20am, residents #21, #22, #23, #24 and #25 medications were stored inside the director of nursing's (DON) office, in the filing cabinet next to her desk. During this observation, the following medications were identified:

1. Discharged resident #21's 25mcg/hour medication with an expiration date of 3-2-19.
2. Discharged resident #22's 5% medication.
3. Resident #23's 90mcg discontinued medication.
4. Discharged resident #24's ɜ 12.5mg tablet medication.
5. Discharged resident #25's 18mcg/capsule powder medication.

In an interview with the DON on 4-17-19 at 10:25am, she stated that residents #21, #22, #24 and #25 were discharged from the facility longer than 15 days ago and that the facility did not notify each resident or their representative that their medications were in the facility, so the facility may either return the medications to each respective resident or deem each medication to have been abandoned. She stated that the facility did not consider disposing of resident #21's medication within 30 days of its expiration on 3-2-19. She stated that resident #23's medication was discontinued and the facility did not mark this medication as being "discontinued medication" so it may be used by the resident in the future until it is expired.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain the employee record for 1 out of 10 sampled staff members (the administrator).

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The findings are:

Review of the facility employee records, it was determined that the administrator's employee record was not available for review.

In an interview with the director of nursing on 4-18-19 at 2:00pm, she stated that after searching for the administrator's employee record, she was not able to find and provide this record for review because it was not in the facility location.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to include 4 out of 10 sampled employees (receptionists A and B, the sales director and the administrator) in its background screening (BGS) clearinghouse employee roster.

The findings are:

Review of the facility's employee roster within the Background Screening clearing house on 4-17-19 failed to include the names of receptionists A and B, the sales director and the administrator.

In an interview with the director of nursing on 4-18-19 at 12:20pm, she stated that the facility receptionists A and B, the sales director and the administrator were all positions that were required to have current background screenings and must be listed on the facility employee roster within the BGS clearinghouse. She stated that she was not aware that these employees were not listed on the roster.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to ensure 3 of 10 sampled employees (caregivers D and E, and nurse C) were rescreened within the Background Screening Clearinghouse every five years.

The findings are:

Review of caregiver D's record indicated that she was hired by the facility on 4-30-18 and her latest

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background screening (BGS) indicated she was eligible on 9-18-13 for employment in her capacity at the facility.

Review of caregiver E's record indicated that she was hired by the facility on 9-10-18 and her latest BGS indicated she was eligible on 10-9-13 for employment in her capacity at the facility.

Review of nurse C's record indicated that she was hired by the facility on 4-30-18 and her latest BGS indicated she was eligible on 9-18-13 for employment in her capacity at the facility.

In an interview with the director of nursing on 4-18-19 at 12:20pm, she stated that she was not aware that caregivers D and E, and nurse C had expired BGS eligibility results. She stated that these staff members required new BGS with eligibility to work in their direct resident care capacity at the facility.

Unclassified