

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Aviata at Tallahassee		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 Ginger Dr Tallahassee, FL 32308	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on record review and interview, the facility failed to administer prescribe pain medication and failed to refill pain medications for 1 of 1 residents sampled for pain medication. (Resident #52) On 9/16/25, a phone interview was performed with the daughter of Resident # 52. She stated that Resident #52 had not been receiving her nightly dose of MS Contin 75 ER for several days. A phone call was performed with the facility's pharmacy on 09/16/2025 at 1:36 PM. They stated that the facility requested a refill of MS Contin 75 mg ER for Resident # 52 on 7/2/2025 (25-day supply, ended 8/6/2025) and 8/4/2025 (25-day supply, ended 8/31/2025). No further refill requests had been received since then. On 09/16/2025 at 2:30 PM, the Director and Assistant Director of Nursing were interviewed. They demonstrated the procedure for refilling medications to prevent missing any days. They were shown on the Medication Administration Record that MS Contin was documented as given although no medication refill had been received. The staff stated that the facility had some extra dosages on hand to fulfill this order. The Medication Record also showed that Resident #52 did not receive the MS Contin on 9/10-25-9/13/25 with the record stating it was not available. The staff acknowledged the MS Contin 75 mg should have been reordered in a more timely manner</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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