STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105433	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviata at Tallahassee	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review, interviews, and facility policy review, the facility failed to submit an incident report within the required 2 hour timeframe for 2 of 2 reports reviewed for abuse and neglect.The findings include:1. Review of an allegation of physical abuse was conducted which revealed facility staff were made aware of the incident on 4/23/26 at 2:00 PM. Further review revealed the administrator was not notified by the staff until 4/23/26 at 6:30 PM. The report was not filed with the state agency until 4/23/26 at 9:05 PM. An interview was conducted with the facility Administrator on 5/12/26 at 9:00 AM concerning the delay in reporting this incident. He stated, I don't recall why I was late reporting this incident. It could be that I was collecting data for the report. Upon reviewing the investigation report times, he confirmed that the incident was reported later than the required 2-hour time frame. 2. Review of an allegation of neglect involving 17 residents who did not receive morning medications on 4/18/26 was performed. Review of the facility's investigation revealed on 4/18/26 at 6:40 AM, Staff A, Licensed Practical Nurse (LPN), and the Unit Manager were made aware of the incident. On 4/19/26 at 7:30 PM, the Administrator was notified by the Director of Nursing of the incident. On 4/20/26 at 4:11 PM, a preliminary incident report to the Agency was created. On 4/20/26 at 6:21 PM, the incident was reported to the Abuse Registry. An interview was conducted with the Administrator on 5/12/26 at 9:03 AM. He confirmed the report was not created until 4/20/26 at 6:21 PM despite being notified on 4/19/26 at 7:30 PM. The Administrator stated the facility was working with their corporate team and had waited to get some of the facts and statements from the staff. The Administrator further stated that the Unit Manager knew that she was supposed to come in, but she did absolutely nothing. An interview was conducted with the facility Regional Nurse Consultant on 5/12/26 at 9:35 AM. She stated the report was a very late report because the Assistant Director of Nursing (ADON) did absolutely nothing to act upon this information, although she knew it needed to be reported. The Regional Nurse Consultant further stated the ADON failed to notify the Administrator timely of the incident. Review of the facility policy titled Abuse, Neglect, Exploitation & Misappropriation (revised on 11/16/22) revealed, An employee or contracted service provided who witnesses or has knowledge of an act of abuse or an allegation of abuse, neglect . to a resident, is obligated to report such information immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator and to other officials in accordance with State law. In the absence of the Executive Director, the Director of Nursing is the designated abuse coordinator.

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