

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/09/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODMONT A PACIFICA SENIOR LIVING COMMUNIT

**3207 NORTH MONROE STREET
TALLAHASSEE, FL 32303**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced 2nd revisit to complaint survey (complaint number 2021017135) originally conducted on 12/16/21 (1st revisit on 3/22/22) was conducted on 6/9/22 at Woodmont A Pacifica Senior Living Community. A 2nd revisit for a re-licensure survey originally conducted on 11/12/21 (1st revisit on 3/22/22) and a complaint survey revisit (complaint numbers 2021017174, 2022001954, and 2022002247) for a complaint survey originally conducted on 3/22/22, were conducted in conjunction. At the time of the survey, previously cited deficiencies were found to be corrected.	{A 000}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE