

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 08/24/2022
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NAME OF PROVIDER OR SUPPLIER WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3207 NORTH MONROE STREET TALLAHASSEE, FL 32303
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(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 complaint survey revisit (complaint numbers 2021017174, 2022001954, and 2022002247) was conducted by desk review on August 24, 2022, at Woodmont A Pacifica Senior Living Community. Previously cited deficiencies were found to be corrected on the day of the revisit.	A 000		

AHCA Form 3020-0001

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

TITLE

(X6) DATE