Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932659	A. BUILDING: _____ B. WING _____	09/22/2022

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 A complaint survey for complaint numbers 2022010341, 2022010558, 2022011556, and 2022011894 was conducted at Woodmont A Pacifica Senior Living Community on . . . . . and . Deficiencies were identified at the time of survey.	A 000		
A 170	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or . . . . . of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to issue a refund within 45 days of discharge to 1 of 1 resident reviewed for refunds (resident #4). The findings include: A review of Resident #4's record revealed he was discharged from the facility on . A review of the contract signed between the facility and Resident #4 revealed a date of and included the clause, "You or your estate will receive any refund that is due within forty-five (45) days following the date of your discharge, transfer or ". On at approximately 10:10 AM, an	A 170		

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WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

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A 170	Continued From page 1 interview was conducted with the family of resident #4. According to the family member, the amount that should have been refunded was $669.35. However, the family indicated that the refund had not been issued as of . . . . . . An interview was conducted with the Executive Director (ED) on at approximately 2:15 PM. She stated that this refund had not yet been issued due to changes in the facility's corporate owners. She admitted the refund was still "on the books" but had not yet been submitted to the family. She submitted a copy of emails showing this matter has been discussed, with corporate, as far . . . as , ... requesting the refund for resident #4. She stated she submitted the request again today (. . . . .). Review of the email sent by the ED to the corporate office dated , . in which she identifies that resident #4 is due a refund of $669.35 for 5 days in , . She states the resident fulfilled his 30 day notice requirement and was due the refund. The corporate office responded . . . the same day stating the ED's email was forwarded to a supervisor who handles refunds. Review of a follow up email dated . , . . . , states that resident #4's spouse has voiced concern over the refund not big received. No follow up or response from the corporate office was provided by the end of the survey. Class III	A 170		