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 _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT SENIOR LIVING	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 complaint survey complaint #2024001156, #2024003283 and #2024006718 was conducted at Woodmont Senior Living Assisted Living . . . . . - . . . . . . At the time of the survey, deficient practice was identified.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that resident . . . had functioning plumbing and hot water. The findings included: On . . . at approximately 3:23 pm, an observation was made in . During an interview with the occupant of this room, they reported that there was a big problem with hot water. They stated that, for about a month, the facility had a leak in the hallway, but the broken pipe was repaired. They stated that there is no hot water in the shower or the bathroom sink. They stated that they have had to bathe in . . . water. They have had to collect water in a plastic container dripping from the sink for them to drink. They stated that the water has been . for about a month. On . . . at approximately 10:28 am, another observation was made in with the Maintenance Director to check for hot water in the apartment. The occupant reported that she had to take a sponge bath this morning using . . . water. She reported that the bathroom sink just ran water and the hot water in her kitchen area barely flows. On at approximately 3:29 pm, an	A 152		

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A 152	Continued From page 2 observation was made in . . . . . The occupant reported being out of hot water for last few days. On . . . . . , a second observation of . . . . . was made to testing the water with the . . . . . Maintenance Director. It was found that the resident's shower had no hot water flowing from faucet, just . . . water. On . . . . at approximately 10:24 am, water testing was conducted on second floor with the Maintenance Director. . . . . -211 revealed no pressure or hot water from the faucets in bathroom area. . . . . and . . . . were the only two rooms currently housing residents. On at approximately 12:34 pm, an interview with Executive Director (ED) was performed. The ED was asked about a review from the Regional Maintenance Director report of . . . . , which indicated, "while I was there, I was informed that there was an issue with units at the furthest ends of the building having to wait long periods of time for the hot water to reach their units. I found that the circulation pumps that are used to supply the hot water to these parts of the community are not working. They will need to seek quotes to see if they can be repaired or need to be replaced." The Executive Director reported that the facility did quotes for the circulation pump, but did not get a receipt. The Executive Director could not present any documentation of any quotes. On at approximately 12:57 pm, a telephonic interview with the Regional Maintenance Director was completed concerning the . . . . report. He verified he completed this report. The Regional Maintenance Director	A 152		

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A 152	Continued From page 3 reported that he sent the report to his supervisor and left a copy with the facility's maintenance director so they could call to find quotes for the circulation pumps. On at approximately 1:30 pm, an interview with the Maintenance Director. The Maintenance Director stated that she had not received the Regional Maintenance Director's report and did not know that she had to call around for quotes for circulation pump. Class III	A 152		