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 _____	C 08/21/2025

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
ZZ000	Initial Comments An unannounced biennial licensure survey was conducted at Woodmont Senior Living, an assisted living facility in Tallahassee, FL, on - . An emergency environmental control survey and a complaint revisit survey were performed concurrent to this visit. Deficiencies were identified at the time of the survey.	ZZ000		
ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies.
3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider.
(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or

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ZZ875	Continued From page 2	ZZ875		

has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care services pool must complete the

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ZZ875	Continued From page 3 training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure staff who provide personal care to residents complete a 1 hour training within 30 days of employment regarding and	ZZ875		

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ZZ875	Continued From page 4 for 1 of 3 sampled employees. (Employee C) The findings include: A review of Employee C's (Caregiver) employee file revealed a hire date of . The record revealed no evidence of and training. An interview was conducted with the Director of Nursing (DON) on at 9:30 AM. The DON stated Employee C was not assigned and had not completed any 's training. Class III	ZZ875		
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A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the	A 030		

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A 030	Continued From page 5 admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions;	A 030		

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A 030	Continued From page 6 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and	A 030		

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A 030	Continued From page 7	A 030		

personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , ,

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A 030	Continued From page 8 for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.	A 030		

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A 030	Continued From page 9 (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . or . under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the	A 030		

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A 030	Continued From page 10 facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, resident interview, staff interview, resident record review and facility policy and procedure review the facility failed to ensure 1 out of 13 sampled residents' rights were honored. (Resident #6) The findings include: On at 11:15 am, Resident #6 was observed in her room. She was seated in her wheelchair and appeared physically bent over and had difficulty raising her . She did attempt to make , contact. She stated that she has difficulty getting the staff to come and help her. She thinks the facility is short-staffed. She has a call light button but a lot of times the battery is not working. The call light pendant was not observed in the resident's room. She stated she was not sure where it was at the moment. She stated that she has a cell phone that she uses to call for help if she needs, but sometimes her cell phone is not charged. Her room appeared cluttered and disorganized. There was a queen size bed in the bedroom that had a mattress , on it but no sheets or pillows. There were other personal items lying on the bed. She stated she does not sleep in the bed but sleeps in her	A 030		

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A 030	Continued From page 11 recliner in her living room. She has a lift recliner that lifts her to a standing position. She cannot bear ⌄ on her or walk anymore. She stated her right hurts. She stated that shewas propelling herself around the facility using her and it started hurting. She stated that she does not get a shower in the bathroom. She washes herself at the sink in the bathroom. She wishes there were more grab bars in the bathroom because she cannot reach the faucet on the sink. She rolled herself into the bathroom to demonstrate how she uses a clothes hanger to turn on the faucet. She did not have a accessible bathroom. The sink was set in a vanity with a cabinet underneath that did not allow for her to roll under the sink to get close enough to turn the faucet on with her . She could not the sink and was seated parallel to the vanity on her left side. She could not turn off the sink after she turned it on. She used a large bottle of sanitizer to shut off the water. She stated that she could not get her left arm and up into the sink to wash her . She demonstrated that she could not extend her left with full range of motion and when fully extended it did not reach the sink. The bathroom was small and did not allow enough space for the resident to turn her wheelchair around. She had to out of the room which appeared to be difficult for her to do. She stated that she would like to be able to reach her clothes hanging in her closet, but she cannot reach them because she cannot stand up. Her clothes closet was observed and the clothes on the top rack were hung too high for her too reach. She does not have a grabber tool with which to pull them down. (Photographic evidence obtained) During an interview with Employee A (Medication Technician) on at 2:45 pm, she stated	A 030		

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A 030	Continued From page 12	A 030		

that she assists Resident #6 with getting in her wheelchair and her recliner, getting dressed, and in the bathroom. She stated that the resident refuses to get into her electric wheelchair because she has spasms and it is painful to be transferred. She stated the resident gets showers on Tuesday, Thursday, and Saturday, but she refuses showers and would rather have a bed bath. Employee A stated Resident #6 started to decline about a year ago when her mom . She refuses . , , . Employee A is not aware of a call light pendant in the resident's room. Employee A tries to check on her often during her shift because her room is located at the rear of the facility since it is a long way for the resident to wheel herself if she needs to find a staff member.

During an interview with the Director of Nursing (DON) on at 3:10 pm, she stated that Resident #6 has had a physical decline in the last year after her mother . Resident #6 has , and for years refused to take medication for it, which explains why she is bent over consistently. She was not aware that the resident has difficulty wheeling herself into her bathroom and out. She was not aware that the resident was using a hanger to turn the water on and off. She was not aware that the resident could not reach her left into the sink to wash it. She was not aware that she could not reach the top rack of clothing in her closet. She was not aware that the resident was not using her call light pendant because the batteries were and the staff were not checking it. She stated that the resident would be willing to move to another . , accessible room.

A second observation of and interview with Resident #6 was conducted on at 9:06 am in her room. She was seated in her

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A 030	Continued From page 13 recliner, fully dressed with a fleece throw covering her. She stated she cannot reach the charging cord for her phone without a grabber. The grabber that she had available to her was broken. At that moment, Employee A came to her room and went over to the wall and handed Resident #6 the charging cord to her phone. Employee A stated that she knows that Resident #6 cannot reach her sink and her clothes. She reiterated that she has never seen a call light pendant in her room, but acknowledged that the facility does have a call light system. She looked around the resident's room and could not find her pendant. The resident stated she does not know where it is. Employee A stated she has never been instructed to check and change the batteries on the call light pendants or watches. Resident #6 stated that she would be willing to move to another room that has a , , bathroom with a sink she can roll up to and a closet with a clothing bar that can be low enough for her to reach her clothing. During a third interview with Employee A on at 9:33 am, she stated that she has worked at this facility for 3 months and has never seen a call light pendant in Resident #6's room or on her person. She checks her at least once an hour while she is on duty. Many of the residents have call light pendants if they want one. During an interview on at 09:43 am with Employee H (Concierge), she stated that she has worked here for approximately 3 months. She remembers that Resident #6 used to be able to stand but does not anymore. She does not ever remember that she could walk. Resident #6 has declined ever since she has worked here. She thinks the resident's mother about the same time but does not know if the decline in	A 030		

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	AL11932659	A. BUILDING: _____ B. WING _____	C 08/21/2025

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A 030	Continued From page 14 Resident #6's health was due to her mother's During an interview on at 10:54 am with the Maintenance Director, he stated he was aware that Resident #6 uses a manual wheelchair. When asked if there was a more appropriate room, he stated that there was vacant rooms better suited to Resident #6's needs with her manual wheelchair. He stated he could get a bathroom sink that was pedestal style so she could roll up to it in her wheelchair. He observed the clothes rack in the bedroom closet and stated he could move it down so she could reach her clothes hanging on it. He has worked at this facility for approximately 3 months but has never been asked to make these changes for Resident #6. A review of the Resident Health Assessment for Resident #6 dated revealed Resident #6 required assistance with ambulation, bathing, and toileting. She required supervision with and transferring and was independent with eating and self-care. She did not require 24-hour nursing or care. She used a wheelchair for mobility due to her kyphotic posture. She had no diagnosis of The facility's "Needs and Service Plan" (dated and updated) for Resident #6 revealed that the resident was to use her motorized wheelchair independently. Staff were to provide assistance with personal grooming by assisting the resident to have personal hygiene supplies for dental, lotion, deodorant, hairbrush or comb available and to return the products to their proper place after care and use (Copy obtained).	A 030		

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A 030	Continued From page 15 Facility policy and procedure "GP02 - Personal Rights" (dated) revealed, "4. Residents have the following rights: a. Live in a safe and decent living environment, free from and neglect. b. Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. c. Retain and use his/her own clothes and other personal property in his/her immediate living quarters, so as to maintain individuality and personal dignity. e. freedom to achieve the highest possible level of independence." Facility policy "Resident Alert Call System GP19" (dated) revealed, "The community is equipped with a resident alert call system. Community staff will respond to all activation of the resident alert call system. 1. Each assisted living resident will be provided with an alert device to use in the event that assistance is needed. 2. Alert devices include but are not limited to the following: walkie talkies, pagers, wall alarms and resident alert call systems. 4. All resident call systems are periodically inspected to ensure they are operating correctly in the event of an emergency. a. Pendants and wall alarms/resident alter call systems will be checked at least quarterly to ensure an alert is triggered when pressed/activated. If a resident's call system is not working properly, the Executive Director and Maintenance Director are to be notified immediately. Care givers are to immediately notify their supervisor when communication devise are not working properly." Class III	A 030		

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A 052	Continued From page 16	A 052		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit	A 052		

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A 052	Continued From page 17 dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.	A 052		

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A 052	Continued From page 18 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,	A 052		

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A 052	Continued From page 19 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure unlicensed staff providing assistance with self-administration of medications did not prepare syringes for injection for 1 of 1 sampled residents receiving . (Resident #1) The findings include: An observation of medication self-administration assistance for Resident #1 was observed on at 11:10 AM. Employee A (unlicensed medication technician) was observed applying a	A 052		

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A 052	Continued From page 20 new needle to the resident's , for the resident to inject the prescribed amount of . An additional medication self-administration observation for Resident #1 was conducted on at 4:04 PM. Employee B (unlicensed medication technician) was observed to apply a new needle to the resident's , for the resident to inject the prescribed amount of . An interview was conducted with Employee A on at 10:23 AM. Employee A stated the medication assistance training she completed did not instruct staff not to apply the needle to the , and she was not aware she could not do so. An interview was conducted with employee B on at 10:28 AM. Employee B also stated she was not aware unlicensed staff could not apply a needle to the , for injection. Class III	A 052		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross,	A 083		

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A 083	Continued From page 21 the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who has completed a course in first aid was in the facility at all times for two of three sampled shifts. (2:00 PM-10:00 PM and 10:00 PM-6:00 AM) The findings include: A review of Employee B's (Medication Technician) personnel file revealed the employee worked on the 2:00 PM to 10:00 PM shift. There was no evidence of first aid training. A review of Employee C's (Personal Care Assistant) personnel file revealed the employee worked on the 10:00 PM to 6:00 AM shift. There was no evidence of first aid training available. An interview was conducted with the Director of Nursing (DON) on at 9:40 AM. The DON acknowledged that no staff working on the 2:00 PM to 10:00 PM shift nor the 10:00 PM to 6:00 AM shift have first aid training, and there is no nurse on either of these shifts. Class III	A 083		

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A 152	Continued From page 22	A 152		
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 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	A 152		

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A 152	Continued From page 23 be . This Statute or Rule is not met as evidenced by: Based on observations, resident interview, and staff interviews, the facility failed to maintain a safe, functional, and sanitary environment for 2 of 2 elevators, 1 hallway, the call light system, and 1 of 8 sampled resident rooms observed. The findings include: Elevators and hallway An observation of the ceiling tiles near on the 1st floor was conducted on at approximately 12:01 PM. Baseball sized, dark, speckled substances were observed on the tile. An observation of elevators and was conducted on at approximately 12:05 PM. The state elevator inspection certificates posted in both elevators was observed to expire on . An interview was conducted with the Director of Nursing (DON) on at 12:06 PM. The DON stated the facility had leaks in the air conditioning system and the black substance on the ceiling tile was from that leak. She then stated that the state elevator inspectors were here in , for the elevator inspection and they were waiting on payment from corporate to send the certificates. She stated they paid the bill today from the facility credit card. Call light system During an interview on at 10:20 am with Employee H (Concierge), she demonstrated how the call light system works and how the calls appear on her computer screen. When a	A 152		

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A 152	Continued From page 24 resident engages the call light system with their pendant or their watch, her screen indicates a box for each resident who has engaged the system to request help. One box showed that Resident #13's call light had not been answered for 35 hours (Photographic evidence obtained). Employee H stated she did not know why or if it had ever been answered. She explained that when a resident's call light is engaged, she uses a walkie talkie to call the direct care staff to answer the light. She stated she monitors the systems from 9:00 am to 5:00 pm every weekday and there is a staff member on the weekends monitoring the call lights during the same times. At night, she does not think the call light system is monitored. She is not aware of any other process the facility uses to answer calls. She was asked if she could see in her computer system if Resident #6 had ever been issued a call light pendant. She looked it up and the screen showed that Resident #6 had been issued a call light pendant (Photographic evidence obtained). During the conversation, the Director of Nursing (DON) walked up to the concierge desk and overheard what was said. The DON stated that there is an application that the staff can download to their personal phones for the call light system. The evening staff all have the app and are using it. Employee A (Medication Tech) was standing nearby and was asked to demonstrate the app. She stated she did not have it on her phone. Employee H stated this was the first time she had heard about the app. The DON stated she does not have any documentation or policy or procedure regarding the call light system. During an interview on at 10:50 am with Employee H, she stated that all the direct care staff do not have the application on their	A 152		

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A 152	Continued From page 25	A 152		

personal cell phones. The staff do not check the batteries in the pendants and the watches to make sure they are not . She spoke to the Administrator about the call light system three weeks ago, to alert him to the problems, and so far she has not seen any changes.

During a follow up interview on at 11:00 AM with Employee A, she took her personal cell phone out of her pocket and scrolled through the screens and stated, "I don't have the application on my phone." She left the interview and returned a few minutes later and stated that she does have the application and showed this surveyor the application on her phone. The log-in screen was observed for the call light system provider. She stated she cannot log in yet because the DON has not given her access yet.

The facility policy "Resident Alert Call System GP19" (dated) states, "The community is equipped with a resident alert call system. Community staff will respond to all activation of the resident alert call system. 1. Each assisted living resident will be provided with an alert device to use in the event that assistance is needed. 2. Alert devices include but are not limited to the following: walkie talkies, pagers, wall alarms and resident alert call systems. 4. All resident call systems are periodically inspected to ensure they are operating correctly in the event of an emergency. A. Pendants and wall alarms/resident alter call system s will be checked at least quarterly to ensure an alert is triggered when pressed/activated. If a resident's call system is not working properly, the Executive Director and Maintenance Directo are to be notified immediately. Care givers are to immediately notify their supervisor when communication

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A 152	Continued From page 26 devise are not working properly." At 10:50 am on , an observation of residential apartment #217 was made. The apartment's furniture surfaces were visibly dusty with handprints on the dust. The air conditioning had patches of dust on it. There was a black speckled spot in the corner between the apartment's wall and the ceiling above the resident's bed (photo evidence obtained). The resident in this room stated that housekeeping was done every week, and she did not know why the apartment was not cleaned properly. Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.	A 162		

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 _____	C 08/21/2025

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 162	Continued From page 27 (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff,	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 28 or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 29 arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident record reviews and staff interviews, the facility failed to ensure resident records included a document designating a power of attorney, health care surrogate, health care proxy, or guardianship for one out of three sampled residents for record review. (Resident #11) The findings include: During record reviews on , no documentation was found concerning the individual that signed the Resident Agreement on behalf of Resident #11. At approximately 2:45 PM, the documentation for the record was requested from the Director of Nursing (DON). On , at approximately 9:25 AM, the in-question document was requested again. At approximately 10:10 AM, the DON stated that the facility reached out to the family for the requested document. However, no document was produced by the end of the survey.	A 162		

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A 162	Continued From page 30 Class III	A 162		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury.	A 165		

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A 165	Continued From page 31 (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or	A 165		

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A 165	Continued From page 32 through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on resident record reviews and staff interviews the facility failed to thoroughly investigate, document, and report an incident involving a resident elopement for one out of one sampled residents. (Resident #11) The findings include: Review of the resident record for Resident #11 showed two entries on related to an elopement. A record update documented that a staff member received a call from the local hospital Emergency Department (ED) at approximately 10:37 PM to notify the facility that Resident #11 was currently in the ED and was being admitted. When the facility staff inquired about how long the resident had been at the ED, the hospital staff replied approximately two hours. A second entry at 11:31 PM stated that facility staff returned Resident #11 to the facility at approximately 11:26 PM and that the resident's current condition was consistent with baseline functionality. The ED staff informed the facility	A 165		

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A 165	Continued From page 33 that the resident was triaged at approximately 8:10 PM at the local hospital ED. An interview was conducted with the Director of Nursing (DON) on at approximately 1:45 pm. The DON stated the resident did not sign-out upon leaving the building on . The DON confirmed that Resident #11 arrived at the ED at approximately 8:10 PM. The DON stated the staff was not aware of the resident leaving until receiving a phone call from the ED. The DON confirmed that no one from the facility investigated the incident. Class III	A 165		
A 200 SS=E	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted	A 200		

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A 200	Continued From page 34 living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the	A 200		

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A 200	Continued From page 35	A 200		

systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.
a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.
b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.
c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.
(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel

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A 200	Continued From page 36 onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its	A 200		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 200	Continued From page 37 systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 200	Continued From page 38 to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally	A 200		

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A 200	Continued From page 39	A 200		

authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.
(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
(8) NOTIFICATION.
(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:
1. Upon the initial submission of the plan to the

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 _____	C 08/21/2025

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 200	Continued From page 40 county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, document review, and facility policy and procedure review, the facility failed to address the emergency environmental control in the event of the loss of primary electrical power by the acquisition of a sufficient alternate power source maintained at the assisted living facility. The facility failed to acquire five portable generators as indicated in their Comprehensive Emergency Management Plan (CEMP). The facility also failed to acquire and maintain working monoxide detectors. The findings include: On at 10:45 AM, the Maintenance Director was interviewed about the emergency	A 200		

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A 200	Continued From page 41 power sources. One fixed generator was observed next to the building. He explained how the generator worked and how he checks it to make sure it is functioning properly. He stated that the fixed generator was the main source of power in case of power outage. During a document review, which included a review of the CEMP and Emergency Environmental Control Plan, the following generators were found listed as an alternative power of source in case of power outage (photographic evidence obtained): 1. Fixed generator Generac, aimed to power HVAC systems in the Memory Care Unit, life support systems and refrigeration for medications. Portable Power Sources were listed as follows: i. Cobra, M9500 KW. The generator will provide cooling to 81 degrees in the dining room - 1,296 sq. ft. - portable lighting in dining and lobby area and use of ED and BOM offices as command centers. ii. Cobra, E9500 KW, would be positioned in support of the walk-in cooler and freezer in the kitchen. iii. Generac, SE10000 KW, would provide power to the two convection ovens in the kitchen and portable lighting and air movers. . Powerback, 5250 KW, would provide cooling to 81 degrees in the Transitions dining area and TV lounge - 1,400 sq. ft. - via two portable AC's (medication room by apartment #210), ˛ ˛ support, portable hallway lighting for the hallways, portable box fans/air movers and refrigerator. v. Generac, 3300 KW, generator would provide cooling to 81 degrees in the sunroom - 720 sq. ft. - via a portable AC (medication room by apartment #210), ˛ ˛ support, portable	A 200		

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A 200	Continued From page 42 hallway lighting for the hallways and portable box fans/air movers. On , at 1:00 pm, the Maintenance Director said that he cannot find the portable generators indicated in the CEMP. He also said that monoxide detectors were not connected to the fire alarm system, but the facility would buy and install the detectors. The Director of Nursing confirmed that there were no connected monoxide detectors in the facility at the moment of the survey. On at 2:20 pm, the Director of Nursing stated during the interview that the portable generators were stolen from the facility and thus not available. Review of the facility policy and procedure for the Emergency Environmental Control Plan revealed that in the event of a power outage the staff would establish five portable generators in designated locations in addition to the fixed generator, to cool off specific areas of the building. (Photographic evidence obtained). Class III	A 200		