

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED 07/14/2014
NAME OF PROVIDER OR SUPPLIER Woodmont By Encore Senior Livi	STREET ADDRESS, CITY, STATE, ZIP CODE 3207 North Monroe Street Tallahassee, FL 32303	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 7/14/14 an unannounced complaint survey CCR 2014005297 in conjunction to revisits to LNS monitoring and complaints CCR2014001673, CCR2014003759 and CCR2014003027 was conducted at Pacifica Senior Living Woodmont. No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 17, 2014

Administrator
Woodmont By Encore Senior Living
3207 North Monroe Street
Tallahassee, FL 32303

RE: CCR #2014005297

Dear Administrator:

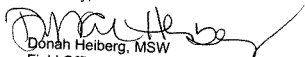
This letter reports the findings of a complaint survey completed on July 14, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
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