

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED 11/21/2014
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 11/21/14 an un announced monitoring survey (LNS) was conducted in conjunction with a complaint CCR 2014009093 at Pacifica Senior Living at Woodmont an Assisted Living Facility. No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2014

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

RE: LNS Survey & complaint # 2014009093

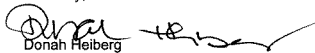
Dear Administrator:

This letter reports the findings of a complaint survey completed on November 21, 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
Field Office Manager

DH/dh
Enclosure

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