

10/9/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11932659	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/5/2015
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Name of Facility WOODMONT BY ENCORE SENIOR LVI	Street Address, City, State, Zip Code 3207 NORTH MONROE STREET TALLAHASSEE, FL 32303
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008 Reg. # 429.26(4-6) FS: 58A-5.0181 LSC	Correction Completed 10/05/2015	ID Prefix A0031 Reg. # 58A-5.0182(7) FAC LSC	Correction Completed 10/05/2015	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 10/05/2015
ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed 10/05/2015	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 10/05/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

8/20/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED R 10/05/2015
NAME OF PROVIDER OR SUPPLIER WOODMONT BY ENCORE SENIOR LVI	STREET ADDRESS, CITY, STATE, ZIP CODE 3207 NORTH MONROE STREET TALLAHASSEE, FL 32303	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced revisit to the biennial survey (in conjunction with complaint CCR#2015009701) was conducted at Woodmont By Encore Senior Assisted Living Facility on 10/5/15. At the time of the revisit all the deficiencies were corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 2015

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

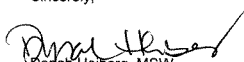
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and complaint conducted on October 5, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. Also attached is the Form 5000-3547 indicating there were no deficiencies related to the complaint. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call me at 850-412-4540.

Sincerely,


Dorah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

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