State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11932659

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/1/2015

Name of Facility
WOODMONT BY ENCORE SENIOR LIVI

Street Address, City, State, Zip Code
3207 NORTH MONROE STREET
TALLAHASSEE, FL 32303

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0053** Reg. # **58A-5.0185(4) FAC** LSC	**12/01/2015**	ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	**12/01/2015**	ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	**12/01/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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:** [signature]	**Date:** 12/7/15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
10/19/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	R **12/01/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced revisit to the complaint survey (CCR#2015010284) was conducted on 12/01/2015 at Woodmont By Encore Senior Assisted Living Facility. At the time of the revisit the deficiencies were corrected.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 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 conducted on December 1, 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. **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,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

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Tallahassee, FL 32308
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