

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED R 03/27/2017
NAME OF PROVIDER OR SUPPLIER WOODMONT A PACIFICA SENIOR LIVING COMMUNITY	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

On March 27, 2017 an unannounced followup survey for Limited Nursing Services was conducted at Woodmont A Pacifica Senior Living Community, License #99. Previously cited deficiency were found corrected, and there was no deficient practice identified at the time of the survey.