STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	R **10/16/2017**
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 10/16/17 an unannounced revisit to CCR#2017007570 was conducted at Woodmont A Pacifica Senior Living Community Assisted Living Facility, License number 99. At the time of survey the deficient practice was found to be corrected.