STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	**02/19/2018**
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

An unannounced complaint survey (CCR#2017015327) was conducted at Woodmont A Pacifica Senior Living Community Assisted Living Facility, license number 99. At the time of survey, there were no deficiencies.