

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED R 06/12/2018
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

On June 12, 2018 a desk review revisit was conducted for Woodmont A Pacifica Senior Living Community, state license #99. This was a revisit to a complaint survey (CCR#2018001827) originally conducted on April 24, 2018. Based on an acceptable plan of correction and supporting documentation, previously cited deficiencies were corrected at the time of the desk revisit.