STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	**07/26/2018**
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 for allegations contained within CCR#2018007678 was conducted on at Woodmont A Pacifica Senior Living Community, state license #99. A generator assessment was conducted in conjunction. Deficient practice was identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interviews and record review, the facility failed to ensure resident rights were honored by not implementing the facility's grievance policy, and not ensuring that 3 of 10 residents (#1, #5, and #10) and staff (G) received training on the facility's grievance policy.

The Findings:

On at approximately 10:00 am, an interview was conducted with resident #1 who reported missing flannel pajamas. She stated that she had informed staff, and asked her three daughters to look for them, but they never found them. She stated that she was not aware of the facility's grievance policies and procedures nor had she been informed of the process for filing a grievance. She stated it would have been nice to know that the facility had a grievance policy and form to complete.

On at approximately 10:44 am, an interview was conducted with resident #5 who reported that in the resident council meeting other residents reported missing clothing items. Stated that resident in reported missing clothing items and a lady in reported missing clothing items. She stated that this has been reported over a period of about six months, but she had not heard anything else about it. Stated that she met with the Executive Director after each resident council meeting to discuss concerns. Resident #5 stated that she was not aware of the facility's grievance policy or any grievance form they could complete, and stated she would like for that to be discussed in the resident council meetings.

On at approximately 11:20 am, an interview was conducted with resident #10 who reported missing items. He stated that he had (15) pairs of white jockey underwear, and someone took all of them about three weeks ago. Stated that he did not report it because he did not want anyone mad with him. At 12:00pm a second interview was conducted with resident in regards to the grievance procedure and form, he reported that he was not aware that the facility had a policy or form and had he known he would have completed the form.

On at approximately 1:35pm, an interview was conducted with staff G who reported that

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residents and family members had reported missing clothing items in the resident council meetings, and stated that staff would go and look for the missing items and if not found the facility would reimburse . Staff G was not aware if residents were in-serviced on the facility's grievance policy.

On at approximately 1:51pm, an interview was conducted with the Executive Director (ED) who reported that the facility had a grievance policy and form for residents to complete if they have any complaints or concerns. He stated that he would meet with any resident who had a concern or complaint and would conduct an investigation. Further interview with the ED revealed he was not sure if the residents and staff had been in-serviced on the grievance policy and grievance form.

The facility's grievance policy stated that a resident, responsible party, or other person could communicate a concern or complaint about care and services, a violation of resident rights, or a recommendation for a change in policy and procedure, in person, in writing, or may be reported anonymously. Concerns, complaints and grievances may be presented to: (a) Administrator, (B) department directors (c) other staff (d) regulatory agency and (e) the ombudsman. Document all concerns, complaints and grievances received on the resident complaint and grievance progress log. When applicable, attach the written complaint. Forward the resident complaint and grievance progress log to the Administrator who will include the appropriate department director in an investigation to the complaint. Initiate the investigation within 5 days of receiving the complaint and complete it within 30 days. Document the investigation and results on resident complaint and grievance process log. Document complaints or allegations of on forms according to state regulations or policy for investigation of . . . . . Involve the interdisciplinary team in the resolution of concerns and complaints that are related to resident care. Document approaches and actions that are taken in the resident's service plan. Communicate the results of the investigation and the action being taken to resolve the situation to the complainant, preferably through a meeting in person. Send a follow up letter to the complainant.

Class III