

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED R 10/24/2018
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

A desk review revisit survey was completed on October 24, 2018 for Woodmont A Pacifica Senior Living Community. Based on an acceptable corrective action plan, deficiencies were found corrected.