STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	11/13/2018
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 monitoring survey for Limited Nursing Services (LNS) and a generator assessment was conducted on , at Woodmont A Pacifica Senior Living Community. Deficient practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and resident record review, the facility failed to ensure continued resident criteria was met for 1 of 5 residents reviewed (Resident #1).

The findings include:

On beginning at approximately 9:00am a Limited Nursing Services (LNS) monitoring visit was conducted. The facility identified Resident #1 as having a , currently being treated by a home health agency and the care clinic, but ststed the resident was not receiving LNS services.

Per interview with the Director of Nursing on at approximately 11:00am, the resident returned to the facility on from rehabilitation following a , , with the to her right heel. She stated that she has been following the closely with the home health agency who was providing care to the , and stated that the was getting better.

A review of the medical record for resident #1 reveqled a physician progress note, dated , which indicated an " /unclassified" , located on the right, medial calcanus (heel). The progress note indicated the had been present for at least 2 months in duration, and was showing some improvement.

A review of the Resident Health Assessment (1823), dated , did not mention the resident's , , indicating the resident did not have any , ; however, additional documention indicated the resident was noted to have a heel at the time of her admission to the facility on , at which time the physician was contacted for care and home health orders.