

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932659	(X3) DATE SURVEY COMPLETED R 12/19/2018
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

On 12/19/2018, a desk review revisit was conducted for Woodmont A Pacifica Senior Living Community. This was a follow-up survey to a monitoring survey for Limited Nursing Services (LNS) originally conducted on 11/13/2018. Based on an acceptable plan of correction and supporting documentation, previously cited deficiencies were found to be corrected at the time of the desk revisit.