STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	08/24/2016
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 complaint investigations(201600909 and 2016009133) was conducted on Woodmont A Pacifica Senior Living Community. At the time of the survey deficient practice was found (2016009133). License number 99.

0053 Medication - Administration

Based on interviews and review of records, the facility failed to ensure that 3 out of 7 residents who require medication administration was given their medication and/or monitoring according to their medical orders (#1, #4, #5).

Findings include:

On a review of Resident #2's Medication Administration Record (MAR) revealed that the facility failed to ensure that Resident #2 obtained his required - injection by the 15th of . According to the Resident's medical orders, this medication should be given by the 15th of every month. In addition, the facility failed to ensure that Resident #4 on at 8:30 am and Resident #5 on obtained their morning , assessment. In addition, observation of the MARs revealed missing initials and dates showing that the treatment was completed.

On a review of Resident #1's MARs revealed that the facility failed to ensure that Resident #1 receive the following 8am medications: 160 mg, Hydrochlorothrazide, , POT Tab 25mg and Globetasol. Further review of medical cart records with Staff J and K revealed that Resident#1's medication had not been refilled by the pharmacy and therefore was not available for Resident #1 to take. Record revealed that the medication needed to be reordered. Staff J immediately put the order in with the pharmacy.

On at 11:30am, an interview was conducted with Staff J and Staff K. The staff members verified that resident #2 was not given the - injection. In addition, Staff J verified that the , assessment for Resident #4 and #5 was not documented on the MARs as having been completed. In addition, Staff J admitted that Resident #1's medication was not timely ordered but the facility will make sure the medication was ordered by . Staff J stated that "there is no excuse, he shouldn't have run out."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Woodmont A Pacifica Senior Living Community
3207 North Monroe Street
Tallahassee, FL 32303

RE: CCR #2016009090 and 2016009133

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com