

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969345	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/26/2024
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 JOJO ROAD PENSACOLA, FL 32514
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ000	Initial Comments On January 26, 2024, an unannounced desk review revisit survey was completed for the Emergency Environmental Control monitoring survey ending August 29, 2023 at Whispering Pines Assisted Living Facility LLC, an assisted living facility in Pensacola, FL. Based on electronic interviews and supporting documentation, the deficiency was found to be corrected as of 10/20/2023.	CZ000		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE