STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	09/23/2013
NAME OF PROVIDER OR SUPPLIER **Westpointe Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **5101 Northpointe Pkwy Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On , 2013 at Westpointe Retirement Community Assisted Living Facility, an unannounced Operation Spot Check was conducted. There were deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on information received from the Medical Investigator from the Office of Attorney General (OAG) Medicaid Fraud Control Unit (MFCU), the Assisted Living Facility failed to properly secure and dispose of medications for 1 of 6 resident's medications.(#1)

Findings include:

1) On / / at 9:10 AM the Medical Investigator conducted a random inventory check of all medications in the medication cart and the medication cabinet which revealed the below discrepancies.

A) Assessment of the logs revealed three discrepancies. No /control in-coming/off-going clinician count log, multiple control logs with discrepancies, and in the medication area were not secured in the medication cabinet.
B) Resident #1's 1 mg tablet (controlled medication) was inappropriately reinserted and taped into bubble packs by staff members.
C) On / / about 9:15 AM the Medical Investigator conducted an interview the with the Medication Technicians and they both responded that when a resident refuses the medication they did not want to waste it so they tape it back into the bubble pack.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	**09/23/2013**
NAME OF PROVIDER OR SUPPLIER **Westpointe Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **5101 Northpointe Pkwy Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on the Department of Health (DOH) Food Service Inspection Report, the Assisted Living Facility failed to ensure the kitchen was kept in a safe and sanitary manner.

Findings include:

1) The DOH Food Service Inspection report dated , 2013 revealed the following:

   A) Clean ice machine to remove mildew. Clean underneath ice machine.

   B) Clean fume hood and clean floor underneath oven to remove grease.

   C) Clean floors throughout kitchen.

   D) Rancid mop water present in mop bucket in kitchen. Do not leave mop water in kitchen. Empty bucket after use and refill with clean water.

   E) Provide paper towels at employee hand wash sink.

   F) Refrigerator is very dirty. Bread stored on top of raw eggs, some of which are cracked. Temperature of refrigerator is 50 degrees. So No inside thermometer present.

   G) Freezers: Open food and very dirty.

   H) Storage : Floor very dirty and roaches are present.

   I) Some fruit is not wholesome; temperature is 51 degrees, no inside thermometer present.

   J) Plumbing underneath dishwasher is propped up with concrete blocks

   K) Refrigerator/ Freezer in Kitchen: No inside thermometer and fridge is 42 degrees.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	**09/23/2013**
NAME OF PROVIDER OR SUPPLIER **Westpointe Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **5101 Northpointe Pkwy Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on the County Fire-Rescue report the Assisted Living Facility failed to ensure a safe living environment for a census of 64 residents.

Findings include:

1) An inspection of the facility on , 2013 revealed the following violations:

A. A grease build up was noticed on the hood exhaust system

B. Emergency relocation drills were not up to date.

C. Remove chairs blocking egress from the exit located at the end on the "100" hallway.

D. Have automatic door closer installed on doors to the activity , laundry , chapel and kitchen. Have the automatic door closer attached to the fire alarm. Doors have been marked do to not open. These doors will now be required to have automatic door closer's installed and be tied to the fire alarm system.

E. Cut back bushes that is blocking the FDC. Provide parking signs and stripping to prevent cars from blocking the access to the FDC.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Westpointe Retirement Community
5101 Northpointe Pkwy
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey (Operation Spot Check) that was conducted on , 2013 included 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. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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,

Bonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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