RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Westpointe Retirement Community
5101 Northpointe Pkwy
Pensacola, FL 32514

RE: CCR #2016012412 Plus Licensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Dorrah Heiberg
Field Office Manager

DH/dh
Enclosure

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	11/08/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced abbreviated biennial survey was conducted at Westpointe Retirement Community in conjunction with a complaint CCR# 201601241 from 7- . Deficient practice was found at the time of the survey related to the biennial survey. License #8864.

0075 Use of Personnel: Emergency Care ( )

Based on staff interview and observation of machine the facility failed to have a functioning automated external defibrillator ( ) for 1 of 1 defibrillators.

The findings are:
On / at 8:05 am the Assistant Adminstrator was requested show the location of the for the facility. The assistant administrator says she will need to find a master key for the is located in . At 8:15 the administrator came in to say they cannot locate the . He was asked how often the machine is checked and he stated, "Not often enough".
At 08:30 the was brought to the surveyor. The battery says use by 2015 (photographic evidence) and there are no pads to be found anywhere with the machine. The pads are required for the machine to be used appropriately. The administrator confirmed the battery is outdated and there are no pads.
Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to ensure a one hour in-service on elopement training was completed for 1 of 3 staff sampled, staff B.

Findings include:

A review of the employee record was conducted for staff B, a nursing assistant, hired on / . All trainings were reviewed within the file. A statement signed by staff B and the Assistant Administrator, was dated / stating the employee had completed Elopement training and the time recorded for the training was 30 minutes. An interview was conducted with the Administrator on / at 3 PM. He confirmed that the training was only 30 minutes and stated he was unaware the regulation required the training to be one hour. He stated, "We will start right away getting all the staff retrained for an hour on elopement." An interview was conducted on / at 4:03 PM with the Assistant Administrator. She also confirmed the recorded time was 30 minutes and that she was unaware the elopement training was required to be one hour.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0082 Training - / /

Based on interview and record review, the facility failed to ensure a required / (/) was completed within 30 days of employment for 1 of 3 staff sampled, staff B.

Findings include:

A review of the employee record was conducted for staff B, a nursing assistant, hired on / . All trainings were reviewed within the file. A certificate from ProBloodborne was viewed dated indicating education in / . An interview was conducted with the Administrator on / at 3 PM who confirmed the training was not completed within 30 days of hire for the employee. He also confirmed there was no other documentation within the employee file indicating completion within the required 30 days. He stated, "She's worked here several times. I don't think she has ever had it."

Class III