



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 4, 2017

Administrator
Westpointe Retirement Community
5101 Northpointe Pkwy
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 21, 2016 by a representative of this office.

Attached is the provider's copy of the State Form, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

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

DH/kb
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/04/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964279	(X3) DATE SURVEY COMPLETED R 12/21/2016
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

On December 21, 2016, an unannounced revisit to the biennial survey, was conducted at Westpointe Retirement Community, license # 8864. Previously cited deficiencies were found corrected. No deficient practice was identified at the time of this revisit.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11964279	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/21/2016
Y1		Y2 Y3
NAME OF FACILITY WESTPOINTE RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5101 NORTHPOINTE PKWY PENSACOLA, FL 32514	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0075	Correction	ID Prefix A0081	Correction	ID Prefix A0082	Correction
Reg. # 429.255(3-5) FS	Completed	Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(3) FAC	Completed
LSC	11/18/2016	LSC	11/18/2016	LSC	11/18/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☒	REVIEWED BY (INITIALS) <i>R</i>	DATE 11/4/17	SIGNATURE OF SURVEYOR <i>G. Janie Paul / NO</i>	DATE 11/4/17
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/8/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO