STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969345	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 JOJO ROAD** **PENSACOLA, FL 32514**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An initial licensure survey was conducted at Whispering Pines Assisted Living Facility , LLC (file#11969345) on . At the time of survey, the facility did not meet requirements and deficient practice was identified.

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on facility record review and interview with the facility administrator, the facility failed to provide a sample of a resident contract for admission as part of the initial survey, and could not explain the required components.

The findings are:
During review of facility documentation, the administrator was asked to provide a copy of a resident contract that would be given to residents at the time of admission, nor was the facility able to provide a brochure that contained all required information.

Interview with administrator on at approximately 10:00 am revealed the facility did not have a contract or brochure containing all required information available for review during the initial survey process, and could not explain all required components that should be included in a resident's contract and/or brochure.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on facility record review and interview with the facility administrator, the facility failed to develop a policy and procedure on resident elopement.

The findings are:
Review of facility files revealed no policy and procedure related to resident elopement.

Interview with administrator on at approximately 10:00 am confirmed the facility did not have a policy an procedure related to resident elopement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969345	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1030 JOJO ROAD** **PENSACOLA, FL 32514**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record review and staff interview, the facility failed to provide documentation of completion of Level 2 background screening for 1 of 2 direct care staff reviewed during initial survey (Staff B).

The findings are:
Review of the personnel folder for Medication Technician and direct care staff B revealed a lack of documentation that a Level 2 background screening had been performed on staff B.

Interview with the administrator on at approximately 10:00 am confirmed employee B had not been background screened.

Unclassified