| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969345** | R<br>**05/07/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**WHISPERING PINES ASSISTED LIVING FACILITY LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1030 JOJO ROAD**<br>**PENSACOLA, FL 32514** | |

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

**0000 - Initial Comments**

On May 7, 2018, a desk review revisit was conducted to the initial survey ending on April 4, 2018 at Whispering Pines Assisted Living Facility (licensure pending). Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.