STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969345	**08/24/2018**
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 unannounced State Licensure Capacity Increase survey was unsuccessfully attempted on 8/24/18 and 8/27/18 (there was no staff or residents at the facility, and the door was locked). The survey was conducted after coordination with the Administrator (announced survey) on 9/6/18. Whispering Pines Assisted Living Facility (Florida Facility ID AL 11969345) had no deficiencies at the time of the visit.