

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964279	(X3) DATE SURVEY COMPLETED 01/09/2019
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 1/9/2019, an Abbreviated Biennial Survey was conducted at Westpointe Retirement Community located in Pensacola, Florida. At the time of the survey deficient practice was found.

0081 - Training - Staff In-Service - 58A-5.0191() FAC

Based on interview and review of record, the facility administrator failed to complete or document 12 hours of continuing education requirements.

The findings included:

On 1/9/2019 a record review was conducted of the Administrator's training records. The review revealed that the administrator had no documented training hours within the past 2 years.

On 1/9/2019 at 4:45pm during the exit interview, the Administrator and the Office Manager confirmed that the Administrator failed complete/document completing a minimum of 12 hours of continuing education.

CLASS III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interviews and review of records, the facility failed to ensure that their comprehensive emergency plan (CEMP) was viewed and approved due to a substantive change.

On 1/9/2019, a review of the current CEMP plan was conducted. The plan was last reviewed and approved in 2016. This plan had no emergency power plan updates.

Further review of the facility record revealed no evidence that a current CEMP plan was submitted for approval

On 1/9/2019 at 4:45 pm, the administrator and the office manager both confirmed that no current approved plan was received. The Office manager stated that the plan was submitted to the local emergency management authority, but had no proof that it was submitted to the agency or that they were in receipt of the CEMP.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview and review of records, the facility failed to ensure the safety of the residents by failing to follow the guidelines for the implementation of the emergency power plan, during an electrical outage. On 1/8/2019, a generator was observed on the site of the facility. The administrator stated that the generator was installed on 1/8/2019. In addition, during the tour of the facility, no appropriate functioning carbon monoxide detectors were observed in the facility. The facility also failed to ensure that the residents and staff was made aware of the facility policies and procedures as it relates to the emergency power plan. On 1/8/2019 at 4:45pm during the exit interview the administrator confirmed that no carbon monoxide detectors were installed in the facility and that the facility failed to notify the residents/representatives about the current emergency power plan. Class III		