

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964279	(X3) DATE SURVEY COMPLETED R 02/27/2019
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 2/27/19, a desk review revisit licensure survey was completed for the licensure survey completed dated 1/8-1/9/19 at Westpointe Retirement Community. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.