

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964279	(X3) DATE SURVEY COMPLETED 01/26/2017
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

An unannounced complaint survey for allegations contained within CCR#2017000164 was conducted at Westpointe Retirement Community (license#8864) on 1/26/17. No deficient practice was identified at the time of the survey.