STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	**09/15/2017**
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 state licensure complaint survey, for allegations contained within CCR#2017010204, was conducted on 9/15/17. Westpointe Retirement Community (license #8864) had no deficiencies at the time of the visit.