STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968107	08/13/2013
NAME OF PROVIDER OR SUPPLIER **North Point Community Residential Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **1937 College Cir N Jacksonville, FL 32209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0051-Medication - Pill Organizers-08/13/2013
0053-Medication - Administration-08/13/2013
0056-Medication - Labeling And Orders-08/13/2013
0078-Staffing Standards - Staff-08/13/2013
0081-Training - Staff In-Service-08/13/2013
0082-Training - Hiv/aids-08/13/2013
0083-Training - First Aid And Cpr-08/13/2013
Z815-Background Screening; Prohibited Offenses-08/13/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 21, 2013

Administrator
North Point Community Residential Facility, Inc.
1937 College Circle North
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 13, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/KW/sm
Enclosure

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