

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/15/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED 08/13/2013
NAME OF PROVIDER OR SUPPLIER Northpointe Retirement Community	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 Northpointe Parkway Pensacola, FL 32514	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-08/13/2013
 0054-Medication - Records-08/13/2013
 0055-Medication - Storage And Disposal-08/13/2013
 0056-Medication - Labeling And Orders-08/13/2013
 0092-Food Service - General Responsibilities-08/13/2013
 0093-Food Service - Dietary Standards-08/13/2013
 Z815-Background Screening; Prohibited Offenses-08/13/2013

0000-Initial Comments

An unannounced revisit licensure survey was conducted on 8/13/2013 related to the biennial licensure survey conducted on 7/3/2013. Northpointe Retirement Community had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2013

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

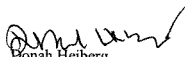
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 13, 2013 by representative(s) 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

DT9D

