STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	**02/11/2014**
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)		

List of Tags Cited:
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

0000-Initial Comments
A monitoring survey was conducted on , 2014 at North Pointe Retirement Center. Deficiencies were identified at the time of the survey.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on information received from the Medicaid Program Integrity (MPI) staff on and interview, it was determined the Assisted Living Facility (ALF) failed to ensure 1 of 10 sampled current employees was eligible for employment through verification of AHCA's background screening unit. (#1)

Findings include:

1) On , a MPI on site audit was conducted at the ALF and 10 current employee files were reviewed for compliance with background screening requirements. MPI staff reported that staff member #1 was hired in 2007 and received an initial background screening but had not been re-screened in the 5 year period per rule.

2) An interview was conducted with the Administrator at 12:20 PM and he stated he was not aware of the over-due screening and would remove the employee from the schedule till the re-screen could be performed.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a monitoring survey that was conducted on , 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGuire, RNC

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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