STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	**09/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Northpointe Retirement Community	**5100 Northpointe Parkway Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On thru an unannounced complaint survey was conducted into allegations (CCR#2014007617 and CCR#2014007817) at Northpointe Retirement Community Assisted Living Facility. At the time of survey deficient practice was identified.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview, the facility failed to provide a clean and safe living environment for 101 and 106.

The Findings:

On after entrance into the facility to investigate allegations into (CCR#2014007617 and CCR#2014007817), a tour was conducted of the facility in regards of the physical environment.

An observation was conducted of to find a large brown water stain in the left corner of the . Resident #6 resides in the .

An observation was conducted of , the vent was observed to have a large amount of dust clogged in the vents and hanging out of the vent. The was observed to have a large brown water stains in ceiling tile and the tile had a large bulge in it.

On at approximately 8:14am, a tour was conducted of the facility with the Administrator who confirmed the findings for and 106. The Administrator reported that he was not aware of the issues and would have it repaired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: CCR # 2014007617 and CCR #2014007817

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 and , 2014 by a representative 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 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 surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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