STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	01/30/2015
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

0000-Initial Comments

On an unannounced Limited Mental Health Monitoring (in conjunction with CCR#2014012114) was conducted at Northpointe Retirement Community Assisted Living Facility. At the time of the monitoring there was deficient practice identified.

L241-LMH - Records 58A-5.029(2) FAC

Based on staff interview and record review the facility failed to maintain an up-to-date admission/discharge log, failed to complete the Alternate Care Certification for ( ) form, CF-ES Form 1006 and failed to initiate the Community Living Support Plan for 2 of 2 residents (#1 and #2).

The Findings:

On a Limited Mental Health Monitoring was conducted. During this monitoring the Assistant Administrator/ Limited Mental Health (LMH)Supervisor was asked for an up-to-date admission/ discharge log to identify the LMH residents. The Assistant Administrator stated that the facility did not have a log identifying the LMH residents.

A record review was conducted of resident #1 and #2 medical files for the community living support plan and both client's file revealed no plans for either resident. On at approximately 10:08a.m, an interview was conducted with the Assistant Administrator (AA) who reported that Social Security sent letters to residents at the facility who receive social security, the residents agreed to send those letters to Lakeview Center. Lakeview called Social Security to verify , which had to be a specific for mental health. The AA reported that Lakeview Center contacted the facility and reported that two residents qualified to receive services from Lakeview for mental health services. The AA reported that the information was sent to Lakeview on 2, 2014 to the Case Manager who confirmed that the two above residents were eligible for LMH services and Lakeview would be servicing those two. The AA stated that the Case Manager has not visited the facility to conduct face-to-face visits for the community living support plan for both residents. The AA also verified that neither client ( ) forms have been completed.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: CCR #20140121114

Dear Administrator:

This letter reports the findings of a state licensure Complaint survey and a Limited Mental Health monitoring survey that was conducted on , 2015 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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