STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	05/12/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey for CCR 2015003935 was conducted at Northpointe Retirement Community on . Deficiencies were found at the time of the survey.

0011 - Admissions - Discharge - 58A-5.0181(5) FAC

Based on staff and resident interview, and record review the facility failed to provide an appropriate notice of discharge for 1 of 3 residents (#6) reviewed for discharges.
The findings are:
An interview was conducted with Resident #6 on /5 at approximately 3:00 pm. He stated that he was told that he had to leave the facility and was given one day to do so.
A review of the record for resident #6 failed to reveal any type of notes concerning his stay or any problems he was having while in the facility.
An interview was conducted with the Office Manager on about 10:30 am. She was requested to provide any documentation concerning the resident ' s discharge or the reason for discharge. She stated that she did not have any written documentation concerning the resident's discharge and stated that the resident had not been happy, that he complained about everything, and that he had left the facility because he wanted to.
The marketing director was interviewed on about 11:15 am. He was asked about the discharge of resident #6 and stated that the resident had started using foul language with the staff and had numerous complaints. He stated that he had called the resident's friend who stated that she would come and get the resident.
A telephone interview was conducted with the friend of resident #6. She said she was called by the facility to come and get the resident because he complained too much. She stated that the resident had been given 4 hours notice prior to being discharged.
Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on staff interview the facility failed to have a written grievance procedure to address resident complaints for 1 of 3 residents reviewed (#6).
The findings are:
A telephone interview was conducted with a former resident of the facility (Resident #6) on /5 at approximately 3:00 pm. The former resident stated that he had resided at the facility from , 2015 until , 2015. He stated that during his stay, he had multiple complaints and issues that he voiced to the staff at the facility, but stated that no action had ever been taken by the facility to correct his complaints. He stated that on , 2015 the facility put him out without appropriate notice because they stated that he complained too much. The resident stated that he had been picked up from the facility by his friend.
A telephone interview was conducted with the friend of former resident #6. She said she was called by the facility to come and get the resident because "he complained too much". She stated that the resident had been given 4 hours notice prior to being discharged.
An interview was conducted with the Office Manager on about 10:30 am. She was asked about the

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0030 Continued From page 1

grievance procedure for the facility. She stated, " We do not have a written grievance procedure." She was asked how grievances were handled. She said if residents have a grievance they are presented and they are discussed with the Administrator or the Assistant Administrator. She then said, " No we do not write anything down other than I will put it in my personal notebook just to make sure it gets done. "
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: CCR #2015003935

Dear Administrator:

This letter reports the findings of a state licensure 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 850-412-4493.

Sincerely,

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

DH/kc
Enclosure
XG90

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