RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

[redacted], 2015

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Helberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	08/25/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

bienniel - with LMH

On 24-25, 2015, a standard biennial with limited mental health (LMH) survey in conjunction with a complaint investigation (CCR#2015007231)was conducted at Northpointe Retirement Community assisted living facility. There were deficiencies identified at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record reviews, the assisted living facility failed to ensure 1 of 3 staff members (Staff C) had a written communicable statement from a health care provider such as a Physician, Physician Assistant, or advanced registered nurse practitioner.

Findings include:
1. A review of Staff C's personnel file revealed a hire date of . A communicable form revealed Staff C appears to be free from obvious symptoms or any communicable . A Registered Nurse (RN) signed the form on the physician signature line and dated /
2. During an interview on at 9:48 am, the Assistant Administrator stated, she did not know that an RN could not complete the communicable statement.
Class III

0091 Training - Documentation & Monitoring

Based on interview and record reviews, the assisted living facility failed to ensure 3 of 3 staff member's (Staff A, Staff B, and Staff C) in-service training certificates included the number of hours and the provider's name, dated signature and credentials.

Findings include:

1. A review of staff A, B, and C's personnel files revealed their in-service training certificate only included their names and dated signature. Also, check marks indicated beside the trainings that were provided. The certificates lacked the number of hours and the provider's name, dated signature and credentials.

2. During an interview on at 9:48 am, the Assistant Administrator confirmed that she conducted Staff A, B, and C's in-service training. She stated she had no idea that the hours and the person who

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provided the training should have been listed on the certificate.

Class