



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 19, 2015

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: CCR# 2015010423 and 2015009899

Dear Administrator:

This letter reports the findings of a revisit survey and a new complaint survey (CCR# 2015010423 and 2015009899) conducted on October 13, 2015 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547) and revisit report, which references the corrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. All deficiencies shall be corrected no later than October 29, 2015.

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 this office at 850-412-4540.

Sincerely,

fh

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

DH/kb
Enclosure

BBT7

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED R 10/13/2015
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

An unannounced visit was made to Northpointe Retirement Community on 10/13/2015 for the re-visit to the bi-annual survey completed on 08/25/2015. An unannounced complaint survey for CCR# 2015010423 and 2015009899 was conducted in conjunction. Deficient practice was found in conjunction with the complaint survey.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11911678

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/13/2015

Name of Facility

NORTHPOINTE RETIREMENT COMMUNITY

Street Address, City, State, Zip Code

5100 NORTHPOINTE PARKWAY
PENSACOLA, FL 32514

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

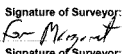
(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 09/25/2015	ID Prefix A0091 Reg. # 58A-5.0191(12) FAC LSC	Correction Completed 09/25/2015	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date:
10/15/15
Date:

Signature of Surveyor:

Signature of Surveyor:

Date:
10/15/15
Date:

Followup to Survey Completed on:

8/25/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO