STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968107	10/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINT COMMUNITY RESIDENTIAL FACILITY INC	1937 COLLEGE CIR N JACKSONVILLE, FL 32209

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , 2015 a biennial relicensure survey was conducted at North Point Community Residential Assisted Living. Deficient Practice was identified during the survey.

0093 Food Service - Dietary Standards

Based on observation and staff interview the facility failed to have a 3 days emergency supply of water on hand with the potential to affect 4 of 4 current residents.

The findings include:

During a tour of the kitchen there was no emergency supply of water found in stock.

During an interview with staff A on at 10:45 AM she stated she was not aware of any emergency water supply on hand..

During an interview with staff B on at 10:50 AM she also agreed there was not an emergency supply of water.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview the facility failed to provide furnishings in good condition and in working order is 3 of 3 observed.

The findings include:

In # there was only one small sized nightstand for two beds and this was not adequate to serve both residents in the . There was also a broken drawer in the dresser.

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	AL11968107	10/02/2015
NAME OF PROVIDER OR SUPPLIER NORTH POINT COMMUNITY RESIDENTIAL FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1937 COLLEGE CIR N JACKSONVILLE, FL 32209	

SUMMARY STATEMENT OF DEFICIENCIES
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In _____ # there were handles missing on the dresser drawers and a broken lamp sitting on the floor. There was no working bedside lamp on the night stand.

In _____ # , a semi private were 2 lamps on bedside tables however the lamps were not in working condition.

ALF regulation requires the ALF to provide a dresser, a table or nightstand, and a lamp for use by residents. All items must be in working order.

Class III

Z815 Background Screening: Prohibited Offenses

Based on document review and staff interview the facility failed provide a current Level II background screen for 1 of 3 employees reviewed.

The findings include:

The file for Employee A, with a hire date of , contained an AHCA level II background screen completed with a date of . Rescreening is required every 5 years.

During an interview with Staff A on at 11:30 AM she said her most recent background screen was in 2009 and that she has been continuously employed since that date.

During an interview with the Administrator on at 11:35 AM by phone she said she is not aware of a more recent Background Screen for employee A. She said she would send Staff A for rescreening.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINT COMMUNITY RESIDENTIAL FACILITY INC	**1937 COLLEGE CIR N JACKSONVILLE, FL 32209**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
North Point Community Residential Facility, Inc.
1937 College Circle, North
Jacksonville, FL 32209

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. **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 , 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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

Jacksonville Field Office
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