



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: CCR# 2015010423 & 2015011306

Dear Administrator:

This letter reports the findings of a revisit complaint survey (2015010423) and a new complaint survey (2015011306) 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 , 2016.** 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 850-412-4540.

Sincerely,


G- Dónah Heiberg, M.S.W.
Field Office Manager

Enclosure DH/kb

BBT7

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED 12/28/2015
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

Complaint #2015011306 was investigated on at Northpointe Assisted Living Facility. In conjunction, an unannounced follow-up to a previous complaint (CCR# 2015010423) was also conducted. Deficient practice was found at the time of the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation, resident interview and staff interview, the facility failed to maintain a sanitary environment in good repair and free of hazards for 2 of 8 sampled residents. Resident #277 and 214 were observed cluttered, the walls, floors and countertops were soiled and the smelled of .

The findings are:

Observation of at 10:30 am on found feces on the bed sheet. The so cluttered the resident didn't have move around in her wheelchair. The and counter were soiled with cat food and a dried brown substance. The floor was covered with dirt, debris and stains and was in need of being swept and mopped. The of .

Interview with the resident indicated staff was to clean her a week and thought someone was to clean it last week but they didn't on the day they were supposed to due to the holiday.

Interview with aide on at 10:00am indicated she is new and she knows the resident is total care and needs assist with laundry. She is to tidy her she is caring for her.

Observation of at 9:40 am found the and sink yellow and dirty with a brown dried substance. The floor was soiled and yellow with dried substance(s). The walls were dirty with dried substances on it. The walls in the the dirty with dried red and brown substance on them.

Interview with administrator indicated housekeeping department is to clean 1 x week.

Class III