RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 11, 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 December 28, 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 February 11, 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,

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

Enclosure DH/kb

BBT7

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	R **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

A follow-up complaint survey (CCR# 2015010423) was conducted on 12/28/15 at Northpointe ALF. In conjunction, a new unannounced complaint survey (CCR# 2015011306) was also conducted. Previously cited deficiencies were found corrected. Deficient practice was found associated with the new complaint at the time of the survey.

AH Form Approved
1/11/2016

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911678	A. Building B. Wing	12/28/2015

Name of Facility	Street Address, City, State, Zip Code
NORTHPOINTE RETIREMENT COMMUNITY	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 A0165 Reg. # 429.23(1-4 & 6-10) FS: 58A LSC	Correction Completed 12/28/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By fl	Date: 1/11/16	Signature of Surveyor: for Norma Endress/fl	Date: 1/11/16
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 10/13/2015			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO