| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911678** | R<br>**03/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**NORTHPOINTE RETIREMENT COMMUNITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5100 NORTHPOINTE PARKWAY**<br>**PENSACOLA, FL 32514** | |

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

**0000 - Initial Comments**

An unannounced revisit survey to a previous complaint survey dated 12/20/16 was completed on 3/1/17 at Northpointe Retirement Community (Florida License #7760). A complaint survey was conducted in conjunction. Previously cited deficiency was cleared and no new deficient practice was identified at the time of the revisit.