

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968107	(X3) DATE SURVEY COMPLETED 06/26/2017
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services monitoring visit was conducted at North Point Community Residential Facility on June 26, 2017. Deficiencies were not identified.