STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	R **12/18/2017**
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

An unannounced complaint revisit was conducted on 12/18/17 at Northpointe Assisted Living Facility in Pensacola, FL (license #7760). This was a revisit to a complaint survey originally conducted on 10/ 11/17 for allegations contained within CCR#2017010847. A new complaint survey for allegations contained within CCR#2017014160 was conducted in conjunction. At the time of the revisit, previously cited deficiencies were corrected, but deficient practice was identified related to the new complaint.