STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	R **02/06/2018**
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 unannounced revisit survey was conducted at Northpointe Assisted Living Facility (license # 7760) on 2/6/2018 for the complaint survey completed on 12/18/2017. This survey was conducted in conjunction with a new complaint survey for allegations contained within CCR# 2018000382 and CCR# 2018001057. At the time of the survey, deficiencies were found corrected and there were no new deficient practice identified.