

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED 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

An unannounced complaint survey was conducted at Northpointe Assisted Living Facility (license # 7760) on 2/6/2018 for allegations contained within CCR# 2018000382 and CCR# 2018001057. This survey was conducted in conjunction with a revisit survey for the complaint survey completed on 12/18/2017. The facility met requirements and deficiencies were found to be corrected.