

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED R 03/23/2015
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 follow up visit was made on 4/20/15 at Northpointe Retirement Community Assisted Living Facility. At the time of survey the facility had no deficient practice.

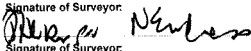
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911678	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 3/23/2015
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Name of Facility NORTHPOINTE RETIREMENT COMMUNITY	Street Address, City, State, Zip Code 5100 NORTHPOINTE PARKWAY PENSACOLA, FL 32514
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix AL241 Reg. # 58A-5.029(2) FAC LSC	Correction Completed 04/20/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: 	Date: 4/21/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

1/30/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 21, 2015

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 23, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

