

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911678	(X3) DATE SURVEY COMPLETED 07/25/2017
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 biennial licensure survey was conducted with Limited Mental Health specialty on 7/24/17 and 7/25/17 at Northpointe Retirement Center, license #7760. No deficient practice was identified at the time of the survey.