STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	R **10/11/2017**
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 revisit survey was conducted from 10/10/17 to 10/11/17 at Northpointe Assisted Living Facility in Pensacola, FL (license # 7760). A complaint survey was conducted in conjunction for allegations contained within CCR#2017010847. This was a follow-up to a licensure visit originally conducted on 9/7/17. At the time of the revisit, previously cited deficiencies were corrected; however, deficient practice was identified related to the complaint survey.