

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

November 13, 2012

Administrator
Blake At Gulf Breeze (the)
4410 Gulf Breeze Parkway
Gulf Breeze, FL 32563

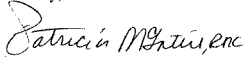
Dear Administrator:

This letter reports findings of an ecc/ monitoring survey that was conducted on November 5, 2012 by a representative of this office. Attached is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

Enclosure

65FO



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2012
NAME OF PROVIDER OR SUPPLIER BLAKE AT GULF BREEZE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 4410 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced ECC/monitoring visit was conducted on 11/5/2012. The Blake at Gulf Breeze had no deficiencies found at the time of the survey.	A 000			

PHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

GGD011

If continuation sheet 1 of 1