STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas At Gulf Breeze, Inc	**101 McAbee Court Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A complaint investigation was completed for CCR#2013004387 and CCR#2013006275 on 6/17/2013 and 6/18/2013 at Villas of Gulf Breeze Assisted Living Facility. The survey was conducted in conjunction with a biennial survey and a revisit to a previous complaint survey (CCR#2013001141 and CCR#2013002397).

No deficiencies were identified related to the new complaint survey. However, deficiencies were found in conjunction with the biennial survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 2, 2013

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

Re: Biennial, Complaints # 2013004387 & 2013006275 Plus Revisit to Previous Complaints

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on June 18, 2013 by representative(s) of this office. Attached is the provider's copy of the State Form, which indicates the deficiencies that were identified on the day of the visit. Also included is the Revisit Report, indicating correction of tag A030, cited on a previous complaint survey.

All deficiencies shall be corrected no later than August 2, 2013. A revisit will be conducted after that date to ensure correction of the citations.

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
Field Office Manager

DH/dh
Enclosure(s)

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