

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/10/2013  
FORM APPROVED

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

**Revisit Corrected Tags:**

0030-Resident Care - Rights & Facility Procedures-06/18/2013

0000-Initial Comments

A follow up survey was conducted 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 complaint survey (CCR#2013004387 and CCR#2013006275).

Previously cited deficiencies were found corrected on the revisit. However, new deficiencies were found in conjunction with the biennial survey.

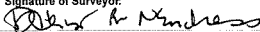
## State Form: Revisit Report

|                                                                       |                                                      |                                   |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11965162 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>6/18/2013 |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|

|                                                |                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------|
| Name of Facility<br>VILLAS AT GULF BREEZE, INC | Street Address, City, State, Zip Code<br>101 MCABEE COURT<br>GULF BREEZE, FL 32561 |
|------------------------------------------------|------------------------------------------------------------------------------------|

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 A0030<br>Reg. # 58A-5.0182(6) FAC: 429.28<br>LSC | Correction<br>Completed<br>06/18/2013 | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |
| ID Prefix<br>Reg. #<br>LSC                                 | Correction<br>Completed               | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed | ID Prefix<br>Reg. #<br>LSC | Correction<br>Completed |

|                             |             |       |                                                                                                               |                  |
|-----------------------------|-------------|-------|---------------------------------------------------------------------------------------------------------------|------------------|
| Reviewed By<br>State Agency | Reviewed By | Date: | Signature of Surveyor:<br> | Date:<br>7/10/13 |
| Reviewed By<br>CMS RO       | Reviewed By | Date: | Signature of Surveyor:                                                                                        | Date:            |

Followup to Survey Completed on:

3/14/2013

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

YES NO



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:

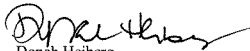
This letter reports the findings of a state licensure survey that was conducted on June 18, 2013 by representative(s) of this office. Attached is the provider's copy of the State Form, which indicates the deficiencies that were identified on the day of the visit. Also included is the Revisit Report,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

