STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968150	11/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southern Breeze Living Llc	18 Woodward Ln Palm Coast, FL 32164	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0008-Admissions - Health Assessment-11/01/2013
0025-Resident Care - Supervision-11/01/2013
0026-Resident Care - Social & Leisure Activities-11/01/2013
0032-Resident Care - Elopement Standards-11/01/2013
0051-Medication - Pill Organizers-11/01/2013
0052-Medication - Assistance With Self-Admin-11/01/2013
0053-Medication - Administration-11/01/2013
0054-Medication - Records-11/01/2013
0055-Medication - Storage And Disposal-11/01/2013
0056-Medication - Labeling And Orders-11/01/2013
0057-Medication - Over The Counter (otc) Products-11/01/2013
0077-Staffing Standards - Administrators-11/01/2013
0078-Staffing Standards - Staff-11/01/2013
0079-Staffing Standards - Levels-11/01/2013
0081-Training - Staff In-Service-11/01/2013
0082-Training - Hiv/aids-11/01/2013
0090-Training - Do Not Resuscitate Orders-11/01/2013
0093-Food Service - Dietary Standards-11/01/2013
0160-Records - Facility-11/01/2013
0162-Records - Resident-11/01/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2013

Administrator
Southern Breeze Living, LLC
18 Woodward Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 1, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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Tallahassee, FL 32308
http://ahca.myflorida.com

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