

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED 01/06/2014
NAME OF PROVIDER OR SUPPLIER Gulf Breeze Courtyard	STREET ADDRESS, CITY, STATE, ZIP CODE 3428 Gulf Breeze Parkway Gulf Breeze, FL 32561	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced visit was made to Gulf Breeze Courtyard on 1/6/14 for Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring. There were no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2014

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports findings of a state licensure survey (LNS & ECC monitoring) that was conducted on January 6, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey, related to the monitoring 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,



Donah Heiberg
Field Office Manager

DH/ dh
Enclosure

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