

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/13/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 02/12/2014
NAME OF PROVIDER OR SUPPLIER Blake At Gulf Breeze (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 Gulf Breeze Parkway Gulf Breeze, FL 32563	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced visit was made to The Blake at Gulf Breeze on 2/12/14 for Extended Congregate Care (ECC) monitoring. No deficient practice was identified during the visit.

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

February 13, 2014

Administrator
The Blake At Gulf Breeze
4410 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Re: CCR #2013013144

Dear Administrator:

This letter reports the findings of a complaint survey and an Extended Congregate Care monitoring survey completed on February 12, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

for 
Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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Tallahassee, FL 32308
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