STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967417	**04/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Blake At Gulf Breeze (the)	**4410 Gulf Breeze Parkway Gulf Breeze, FL 32563**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An Extended Congregated Care monitoring visit was conducted 4/3/14 at Blake Assisted Living Facility. At the time of survey the facility had no deficiencies.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 9, 2014

Administrator
Blake At Gulf Breeze (the)
4410 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Re: CCR #2014001523

Dear Administrator:

This letter reports the findings of a complaint survey and extended congregate care monitoring visit completed on April 3, 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,

Patricia McGuire pmc
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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