STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942846	**07/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Breeze Nursing & Retirement Center	**3387 Gulf Breeze Pkwy Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced state licensure complaint survey was conducted on 7/7/2014 related to allegations contained in CCR 2014005273. Bay Breeze Nursing and Retirement Center Assisted Living Facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2014

Administrator
Bay Breeze Nursing & Retirement Center
3387 Gulf Breeze Pkwy
Gulf Breeze, FL 32561

RE: CCR #2014005273

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 7, 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 McIntire, RNC
for Donah Heiberg, M.S.W.
Field Office Manager

Enclosure
DH/pm

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Tallahassee Field Office
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