

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942846	(X3) DATE SURVEY COMPLETED 07/07/2014
NAME OF PROVIDER OR SUPPLIER Bay Breeze Nursing & Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 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:

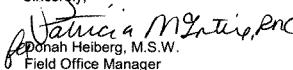
This letter reports the findings of a complaint survey completed on July 7, 2014 by a representative of this office.

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,


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

Enclosure
DH/pm

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