

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED 11/07/2014
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)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-11/07/2014

Specific Tag Findings:

0000-Initial Comments

A follow up visit was conducted at Gulf Breeze Courtyard Assisted Living Facility on 11/6/14- 11/7/14. A Change of Ownership, Extended Congregate Care, Limited Nursing Service Monitoring visit and a complaint survey (CCR# 2014009559) was conducted in conjunction. At the time of survey the facility had no deficient practice.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2014

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

RE: CCR #2014009559

Dear Administrator:

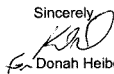
This letter reports the findings of a Revisit, Change of Ownership, Extended Congregate Care, Limited Nursing Service and a complaint survey, completed on November 7, 2014 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey, and previously cited deficiencies were found corrected. **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(s). Should you have any questions, please contact me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

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