

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED 01/05/2015
NAME OF PROVIDER OR SUPPLIER Villas At Gulf Breeze, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 101 McAbee Court Gulf Breeze, FL 32561	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0053-Medication - Administration-01/05/2015

0000-Initial Comments

An unannounced revisit to the Change of Ownership survey (CHOW) was conducted on 1/5/2015 in conjunction with a Limited Nursing Services Monitoring visit. Previously cited deficiencies were found corrected. The Villas at Gulf Breeze had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2015

AMENDED letter and state form 5000-3547: Opening comments changed to reflect revisit to CHOW

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports the findings of a revisit to a state licensure Change of Ownership (CHOW) survey and a Limited Nursing Services monitoring survey conducted on January 5, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call me at 850-412-4540.

Sincerely,


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

DH/kb
Enclosure

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