

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 01/15/2015
NAME OF PROVIDER OR SUPPLIER Blake At Gulf Breeze (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 Gulf Breeze Parkway Gulf Breeze, FL 32563	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted at the Blake at Gulf Breeze on 1/15/15. Deficient practice was not found at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
The Blake At Gulf Breeze
4410 Gulf Breeze Parkway
Gulf Breeze, FL 32563

RE: ECC MONITORING

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 15, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call me at 850-412-4540.

Sincerely,


Donah Helberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

