STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965645	**02/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gulf Breeze Courtyard	**3428 Gulf Breeze Parkway Gulf Breeze, FL 32561**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A Limited Nursing Service survey was conducted on 2/6/15 at Gulf Breeze Courtyard Assisted Living Facility. At the time of survey the facility had no deficiencies.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2015

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

RE: CCR #2014012121

Dear Administrator:

This letter reports the findings of a Complaint survey and a Limited Nursing Services monitoring survey completed on February 6, 2015 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,

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

DH/kb
Enclosure

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