

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED 05/01/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted in conjunction with a complaint survey for CCR 2014003737 at Villas at Gulf Breeze assisted living facility on 5/1/15. No deficient practice was found in connection with the monitoring visit but was found in conjunction with the complaint.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 7, 2015

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

RE: CCR #2015003737 & LNS MONITORING

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on May 1, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **06/07/2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 Donah Heiberg, MSW.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh

Enclosure

XG90

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