



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2015

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

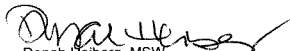
Dear Administrator:

This letter reports the findings of a state licensure survey revisit (desk review) conducted on August 11, 2015 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found. **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.

Should you have any questions please call me at 850-412-4540. Thank you.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D



State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA /
Identification Number**
AL11965645

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
8/11/2015

Name of Facility

GULF BREEZE COURTYARD

Street Address, City, State, Zip Code

3428 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
			Correction Completed 08/11/2015				Correction Completed
ID Prefix	A0030			ID Prefix			
Reg. #	58A-5.0182(6) FAC: 429.28			Reg. #			
LSC				LSC			
			Correction Completed				Correction Completed
ID Prefix				ID Prefix			
Reg. #				Reg. #			
LSC				LSC			
			Correction Completed				Correction Completed
ID Prefix				ID Prefix			
Reg. #				Reg. #			
LSC				LSC			
			Correction Completed				Correction Completed
ID Prefix				ID Prefix			
Reg. #				Reg. #			
LSC				LSC			
			Correction Completed				Correction Completed
ID Prefix				ID Prefix			
Reg. #				Reg. #			
LSC				LSC			

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Survey Completed on:

7/23/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/11/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED R 08/11/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

A desk review (revisit) was completed 8/11/15. Based upon information submitted by the provider, the previously identified citation was found corrected.