RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2015

Administrator
Blake At Gulf Breeze (the)
4410 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Dorian Heiberg
Field Office Manager

Enclosure
DH/dh
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967417	08/27/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On - / , an unannounced Change of Ownership survey, in conjunction with Extended Congregate Care monitoring, and a complaint investigation, was conducted at The Blake. The assisted living facility had deficient practice at the time of the survey.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and review of documentation, the facility failed to report an allegation of of a resident (#14) by a staff member, resulting in notification of law enforcement.

Findings:

Interview was conducted on / with the Administrator, at approximately 12 pm. She stated that on /, the facility discovered that Staff F had forged the signature of Resident #15, and stole $4500.00 over a few days. She stated that Department of Children and Family Services was notified and theAbuse Hotline and the police were called at that time. She was asked if she completed an Adverse incident report, and submitted a 1 day and 15 day report to the Agency for Healthcare Administration (AHCA), and she stated that she did not.
On , review of the documentation by the Administrator related to the investigation of the financial was conducted. The document indicated that she called the Hot Line, the Department of Children and Family Services and the Police. There is no documentation that AHCA was notified.

Class III