RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2015

Administrator
Bay Breeze Nursing & Retirement Center
3387 Gulf Breeze Pkwy
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 15, 2015 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

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
	AL11942846	**09/15/2015**
NAME OF PROVIDER OR SUPPLIER **BAY BREEZE NURSING & RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3387 GULF BREEZE PKWY** **GULF BREEZE, FL 32561**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial Licensure (abbreviated) survey was conducted at Bay Breeze Nursing and Retirement Assisted Living Facility on 9/15/15. At the time of survey there were no deficiencies identified.