

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/11/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968150	(X3) DATE SURVEY COMPLETED 02/09/2016
NAME OF PROVIDER OR SUPPLIER SOUTHERN BREEZE LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18 WOODWARD LN PALM COAST, FL 32164	

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

0000 Initial Comments

A complaint investigation, CCR 2016000336, was conducted at Southern Breeze Living Llc on 2/09/2016. Southern Breeze Living Llc had no deficiencies found at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

February 11, 2016

Administrator
Southern Breeze Living, LLC
18 Woodward Lane
Palm Coast, FL 32164

RE: CCR #201600336

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 9, 2016 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.

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 this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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