

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 01/31/2017
NAME OF PROVIDER OR SUPPLIER BEACON 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 An unannounced complaint survey for allegations contained within CCR#2016014134 was conducted in conjunction with extended congregate care and limited nursing services monitoring visits at Beacon of Gulf Breeze on 1/31/17, license #11456. No deficient practice was found at the time of the survey.		