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