

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 03/23/2017
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 in CCR 2017001459 was conducted at Beacon at Gulf Breeze on 3/23/17. License # 11456. No deficient practice was found at the time of the survey.		