

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED R 04/27/2017
NAME OF PROVIDER OR SUPPLIER GULF BREEZE COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 3428 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	

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

0000 - Initial Comments

A desk review revisit licensure survey was completed on April 27, 2017 for Gulf Breeze Courtyard assisted living facility, license number 9976. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.