

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED 03/30/2017
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

An unannounced complaint survey for allegations contained within CCR#2017001923 was conducted on March 29 through March 30, 2017 in conjunction with a biennial survey with limited mental health and limited nursing services at the Gulf Breeze Courtyard assisted living facility, license number 9976. There were no deficiencies found at the time of the survey related to the allegations of the complaint.