STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942846	**08/29/2017**
NAME OF PROVIDER OR SUPPLIER **BAY BREEZE NURSING & RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **3387 GULF BREEZE PKWY** **GULF BREEZE, FL 32561**	

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

0000 - Initial Comments

On August 28-29, 2017, an unannounced biennial licensure (abbreviated) survey was conducted at Bay Breeze Senior Living and Rehabilitation, an Assisted Living Facility (license# 5651). At the time of survey there were no deficiencies identified.