

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 07/18/2017
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 biennial survey with Limited Nursing Services and Extended Congregate Care was conducted from 7/17/17 through 7/18/2017 at The Beacon at Gulf Breeze Assisted Living Facility (license # 11456). No deficient practice was identified at the time of the survey.