STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967417	R **11/17/2017**
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

A desk review was completed on 11/17/17 for the Beacon At Gulf Breeze (License #11456) for the survey conducted 9/14/17-9/15/17. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.