

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED R 12/21/2017
NAME OF PROVIDER OR SUPPLIER WATERMARK OF GULF BREEZE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 101 MCABEE COURT GULF BREEZE, FL 32561	

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

0000 - Initial Comments

A desk review revisit survey was completed on 12/21/2017 for the complaint survey dated 9/6/2017 to 9/7/2017 at Watermark of Gulf Breeze (license #9664). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.