STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965162	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 limited nursing services monitoring visit 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.