

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED 02/20/2018
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

An unannounced LNS monitoring survey was conducted on 2/20/2018 at The Watermark of Gulf Breeze (License #9664) in Gulf Breeze, FL. The survey was conducted in conjunction with a complaint survey for allegations contained within CCR#2018000119. No deficient practice was identified at the time of the survey.