STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969082	**06/28/2018**
NAME OF PROVIDER OR SUPPLIER **BEEHIVE HOMES OF GULF BREEZE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4702 GULF BREEZE PKWY** **GULF BREEZE, FL 32563**	

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

0000 - Initial Comments

An unannounced initial extended congregate care and increased capacity survey (application #70726) was conducted on 6/27-28/2018 at Beehive Homes of Gulf Breeze (license #12891). A standard biennial survey was conducted in conjunction. Deficiencies were found with the biennial at the time of the survey.