

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED R 04/11/2018
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

An unannounced revisit survey was conducted at Beacon at Gulf Breeze assisted living facility, state license #11456, on 04/11/2018. The revisit was for a complaint survey (CCR# 2018000268) originally conducted on 3/7/2018. An Extended Congregate Care (ECC) monitoring visit was conducted in conjunction. Previously cited deficiencies were found corrected, and no deficient practice was identified at the time of the survey.