

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965162	(X3) DATE SURVEY COMPLETED 09/06/2018
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 complaint survey for allegations contained within CCR# # 2018011387 was conducted at The Watermark of Gulf Breeze , license #9664, in Gulf Breeze, FL on 9/6/2018. This survey was conducted in conjunction with a Biennial with Limited Nursing Service and Generator Assessment surveys. At the time of the survey, no deficient practice was identified.