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