

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/04/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968150	(X3) DATE SURVEY COMPLETED R 12/28/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN BREEZE LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18 WOODWARD LN PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were corrected at the time of the desk review.		