

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965645	(X3) DATE SURVEY COMPLETED R 12/13/2018
NAME OF PROVIDER OR SUPPLIER GULF BREEZE COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 3428 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	

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

0000 - Initial Comments

On December 13, 2018 a desk review revisit was conducted for Gulf Breeze Courtyard. This was a follow-up to a complaint survey for allegations contained within CCR#2018016502, originally conducted on 11/7/2018 and 11/8/2018. Based on acceptable documentation and supporting evidence, the previously cited deficiencies were found to be corrected at the time of the desk revisit.