

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967417	(X3) DATE SURVEY COMPLETED 11/21/2018
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

On 11/21/2018, an unannounced Extended Congregate Care, Limited Nursing Services & Generator Assessment survey was conducted at The Beacon at Gulf Breeze. No deficient practice was identified at the time of the survey.