STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969082	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **BEEHIVE HOMES OF GULF BREEZE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4702 GULF BREEZE PKWY** **GULF BREEZE, FL 32563**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018013852 was conducted at Beehive Homes of Gulf Breeze on 11/13/2018. A monitoring visit for extended congregate care (ECC) was conducted in conjunction. No deficient practice was found at the time of the survey.