

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969082	(X3) DATE SURVEY COMPLETED 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 extended congregate care (ECC) monitoring visit was conducted at Beehive Homes of Gulf Breeze on 11/13/2018. A complaint survey for allegations contained within CCR#2018013852 was conducted in conjunction. At the time of the survey, no deficient practice was identified.