

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969380	(X3) DATE SURVEY COMPLETED 04/30/2018
NAME OF PROVIDER OR SUPPLIER ARBORS OF GULF BREEZE	STREET ADDRESS, CITY, STATE, ZIP CODE 50 JOACHIM DR GULF BREEZE, FL 32561	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Arbors of Gulf Breeze assisted living facility on 04/30/2018. At the time of survey, the facility met requirements.