

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/03/2024
NAME OF PROVIDER OR SUPPLIER ARBORS OF GULF BREEZE		STREET ADDRESS, CITY, STATE, ZIP CODE 50 JOACHIM DR GULF BREEZE, FL 32561			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments On July 3, 2024, an unannounced desk review revisit survey was completed for the complaint survey for #2024006595 that originally ended on May 14, 2024, for Arbors of Gulf Breeze. Based on an acceptable plan of correction, electronic interview, and supporting documentation, the deficiency was found to be corrected.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE