

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 05/13/2025
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
ZZ000	Initial Comments On May 13, 2025, an unannounced desk review revisit survey was completed for the change of ownership survey ending February 4, 2025, at Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL. Based on an acceptable plan of correction and supporting documentation, the deficiency was found to be corrected.	ZZ000			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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