Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966504	A. BUILDING: _____ B. WING _____	R 01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOME AT BEACON HILL	141 KAELYN LANE PORT SAINT JOE, FL 32456

(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	{ZZ000}		
{A 000}	Initial Comments An unannounced third revisit to the re-licensure and complaint investigation for complaint numbers 2025003803 and 2025006461 was conducted at Our Home at Beacon Hill in Port St. Joe, FL on 01/12/2026 to 01/16/2026. The original survey ended on 8/13/2025, the first revisit occurred on 10/2/2025, and the second revisit occurred on 11/13/2025. A separate new complaint survey and a revisit to a separate complaint survey were performed concurrent to this revisit. Deficiencies continue to be identified at the time of survey.	{A 000}		
{A 030} SS=H	59A-36.007(5) FAC; 429.28(1-2) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.	{A 030}		

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{A 030}	Continued From page 1 (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. Alcohol and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident abuse, neglect, and exploitation; 6. Administrative and housekeeping schedules and requirements; 7. Infection control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical restraints. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the	{A 030}		

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{A 030}	Continued From page 2	{A 030}		

facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from abuse and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall

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{A 030}	Continued From page 3	{A 030}		

make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a

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{A 030}	Continued From page 4	{A 030}		

facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the

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{A 030}	Continued From page 5 Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.	{A 030}		

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{A 030}	Continued From page 6	{A 030}		

This Statute or Rule is not met as evidenced by:
Based on observation, resident interview, clinical record review, staff interview, facility document review and facility policy and procedure review, the facility continued to fail to provide a clean environment free from pests, specifically bed bugs. All 25 rooms in the Assisted Living Facility (ALF) were inspected and sampled. Active bed bugs were observed in three of 25 rooms (Room 102, Room 107, and Room 115), all of which had occupants at the time of survey. Additionally, 3 out of 22 total residents were affected by the infestation causing harm to the residents. (Residents #1, #10, and #12)

The findings include:

On 01/13/2026 at 9:55 AM, Room 102 was inspected. Live bed bugs were observed on the resident's box spring cover. Live bed bugs were discovered on each corner of the box spring cover at the headboard side of the bed and on the underside of the box spring cover. On one corner at the headboard side of the box spring cover, the 2 adult bed bugs appeared brown in color with brown stains around the area and eggs clustered in the corner's fold. The opposite corner at the headboard side of the box spring had brown stains. The underside of the box spring cover had more bed bug eggs, brown stains, and an adult bed bug that was brown in color. (Photographic evidence obtained)

On 01/13/2026 at 10:25 AM, Room 107 was inspected. Live bed bugs were observed on an empty pillowcase on the floor at the head of the bed. The 2 bed bugs were brown in color and appeared to be adolescents in growth.

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{A 030}	Continued From page 7 (Photographic evidence obtained) On 01/13/2026 at 11:27 AM, Room 115 was inspected. A live bed bug was observed on the bed under the resident's comforter at the foot of his bed. The adult bed bug appeared brown in color. (Photographic evidence obtained) On 01/13/2026 at 9:55 AM during an interview with Resident #10, the resident stated he was aware of bed bugs in the facility and the building receiving treatments. Resident #10 stated that he had seen bed bugs after his room received treatment. Resident #10 was seated in a recliner chair, was able to easily stand from a seated position, and walked to assist with the inspection of his bed by removing the mattress and tilting the box spring to easily view the bed bugs. (Photographic evidence obtained) On 01/13/2026 at 10:25 AM during an interview with Resident #1, the resident stated he has not seen any bed bugs recently since the treatment of his room and has not seen bed bug bites on his body. On 01/13/2026 at 11:27 AM during an interview with Resident #12, the resident motioned over to where the bed bug was located on his bedding. Resident #12 was non-verbal and slow in his movement. When asked if he was aware of the bed bug issue, the resident nodded his head yes. Resident #12 lifted the comforter to show where the bed bug was located. The resident was slow in movement and favored his left side being affected due to stroke. A review of the clinical record for Resident #1 revealed he was admitted to the facility on 03/24/2025. The Agency for Health Care	{A 030}		

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{A 030}	Continued From page 8 Administration form 1823 dated 04/07/2025 listed the resident's diagnoses as Congestive Heart Failure, Community Acquired Pneumonia, Urinary Tract Infection, Weakness, Hypertension, Diabetes, and Acute Hypoxic Respiratory Failure. The resident requires supervision with activities of daily living in the areas of ambulation, bathing, dressing, eating, self-care, toileting, transferring, and assistance with medication self-administration. A review of the clinical record for Resident #10 revealed he was admitted to the facility on 08/09/2023. The Agency for Health Care Administration form 1823 dated 07/31/2023 listed the resident's diagnoses as Falls, Short-Term Memory Loss, and Depression. The resident requires no assistance with activities of daily living but receives assistance with medication self-administration. A review of the clinical record for Resident #12 revealed the face sheet indicated he was admitted to the facility on 06/17/2025. The Agency for Health Care Administration form 1823 dated 06/15/2025 listed the resident's diagnoses as Hemiplegia and Hemiparesis following a Cerebro Vascular Accident (Stroke) affecting left non-dominant side, Apraxia and Dysarthria status post stroke, Urinary Retention, Coronary Artery Disease, Osteoarthritis, Seizure Disorder, Hyperlipidemia, and Hypertension. The resident is independent with eating and self-care. The resident requires assistance with activities of daily living in the areas of ambulation, bathing, dressing, toileting, transferring, and assistance with medication self-administration. Review of the Medication Observation Records (MOR) dated for the month of January 2026 for	{A 030}		

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{A 030}	Continued From page 9	{A 030}		

Residents #1, #10, and #12 revealed the resident did not receive medication for bed bug bites. (Photographic evidence obtained).

On 01/15/2026 at 9:58 AM, during an interview with the House Manager, she stated that "no resident has had treatment for bed bug bites". During a second interview on 01/15/2026 at 11:35 AM, the House Manager stated, "No residents have had a medical review since the start of the infestation".

On 01/13/2026 at 11:45 AM, an interview with the pest control contracted by the provider was conducted. The technician stated "the facility needs a commercial washer and dryer to effectively kill the bed bugs within the sheets and bedding for the residents. The current washer and dryer the facility uses cannot reach the temperatures needed to kill the larva of the bed bugs."

On 01/13/2026 at 1:10 PM, the Administrator stated that the washer and dryer were not being upgraded to commercial units due to the specification for the units reaching the required temperature to destroy bed bug larva and eggs.

Receipts dated 11/07/2025, 11/12/2025, 12/30/2025, and 01/13/2026 from the pest control contracted provider for the technician's visit were reviewed. On the receipts from 11/07/2025, 11/12/2025, and 01/13/2026, the technician instructs the facility on the need to acquire a commercial or industrial washer and dryer prevent bed bug infestation. The 11/07/2025 receipt indicates Rooms 105, 107, and 110 were sprayed for live bed bugs. The 11/12/2025 receipt indicates Rooms 102 and 110 were sprayed for live bed bugs. The 12/30/2025 receipt indicates

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{A 030}	Continued From page 10 Room 106 was sprayed for live bed bugs. The 01/13/2026 receipt indicates Rooms 102, 103, 107, 110, 114, and 115 were sprayed for live bed bugs. Review of the facility's Bed Bug Incident Reports dated 01/11/2026 shows the resident's family member reported live bed bugs and brown spots. (Photographic evidence obtained) The Group Care Inspection Report completed by the Florida Department of Health in Franklin & Gulf County, dated 03/27/2025, stated, "The Facility needs to have an integrated Pest Management plan specific to bed bugs. This should include inspection frequencies, training on identification of signs of bed bugs and monitoring and prevention methods. I will attach a training link which can aid in this plan creation. https://pace.tulane.edu/vcehp/content/vcehp111-bed-bugs-identification-biology-and-control#group-tabs-node-course-default4 Facility needs to remove the recliner which still has live bugs after heat and spray treatment. As to better detect return infestations or incomplete treatment of this infestation facility needs to clean evidence of bed bugs: markings on baseboards, air vents, mattresses, electrical outlets in all rooms affected. As to better detect return infestations or incomplete treatment of this infestation. Facility needs to incorporate bed bug mattress protectors to all beds to reduce the harborage of bed bugs." The facility policy and procedure entitled "Pest Control (Integrated Pest Management)" reads: "2. Policy Statement The Facility shall maintain all indoor and outdoor areas in a manner that prevents pest harborage,	{A 030}		

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{A 030}	Continued From page 11 infestation, and resident exposure to harmful chemicals. Pest control services shall be performed by properly licensed professionals (or under an approved and permitted program). The Facility will: o Conduct routine pest prevention inspections o Provide prompt response to pest sightings and infestations o Maintain required logs and documentation for survey readiness o Ensure resident rights, dignity, and safety during pest control activities Responsibilities Corporate Maintenance Director: Oversees pest control vendor, verifies licensure/insurance, coordinates inspections/treatments, ensures documentation is maintained. Administrator / Designee: Ensures implementation, coordinates resident/family communication, ensures resident protections/rights during treatment. Care Team: Maintains sanitation standards, performs deep cleaning and decluttering in identified areas, reports sightings immediately. All Staff: Report pest sightings immediately and follow treatment precautions and posted signage. Pest Control Vendor: Performs treatments per schedule and service requests, provides service reports and SDS information, uses ALF-appropriate methods. 5.5 Bed Bug Management (High-Risk Protocol) 1. Assess immediately 2. Initiate precautions (minimize movement of linens/furniture; bag linens in sealed plastic) 3. Notify Administrator 4. Schedule licensed vendor treatment 5. Coordinate with housekeeping/laundry for containment and sanitation	{A 030}		

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{A 030}	Continued From page 12 6. Perform post-treatment follow-up inspections (Photographic evidence obtained)." Class II	{A 030}		