

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/23/2026
NAME OF PROVIDER OR SUPPLIER OUR HOME AT BEACON HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 141 KAEelyn LANE PORT SAINT JOE, FL 32456		
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{ZZ000}	Initial Comments	{ZZ000}		
{A 000}	Initial Comments An unannounced fourth revisit survey was conducted at Our Home at Beacon Hill, an Assisted Living Facility in Port St. Joe, FL, on February 23, 2026. This was a revisit to the recertification survey which originally occurred on 8/13/2025. Revisits were performed on 10/2/2025, 11/13/2025, and 1/16/2026. Deficiencies remain uncorrected at the time of this visit.	{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. (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	{A 030}		

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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{A 030}	Continued From page 1 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 facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with	{A 030}			

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{A 030}	Continued From page 2 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 make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.	{A 030}		

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

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{A 030}	Continued From page 4 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. (1) 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 Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state	{A 030}			

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{A 030}	Continued From page 5 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. This Statute or Rule is not met as evidenced by: Based on observation, interview, record review	{A 030}			

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{A 030}	Continued From page 6 and policy and procedure review, it was determined the Assisted Living Facility (ALF) failed to ensure resident rights to live in a safe and decent environment for 3 out of 20 residents. (Residents #3, #4, and #5) Additionally, the ALF failed to ensure the proper use of pesticides as determined by the Florida Department of Agriculture. The findings include: Resident #3 On 2/23/26 at approximately 9:22 AM, an interview was conducted with Resident #3. The resident confirmed that she saw bed bugs in her room. At this time, the resident's bed sheet was observed to have 2 live bed bugs. One of the bugs was bleeding and the other bug was crawling. (photographic evidence obtained) A review of Resident #3's Resident Health Assessment, dated 5/19/25, revealed the resident is an 87-year old female with a diagnosis of diabetes mellitus type 2, dementia, and hypertension. Resident #4 On 2/23/26 at approximately 9:10 AM, Resident #4 was observed in his room seated in his wheelchair and both of his lower legs were noted to have reddened and weeping wounds. The resident was also noted to be barefoot, and his floors were observed to have a faint white powder film covering them. Resident #4 stated that "a few weeks ago" the ALF staff put down a white powder in the hallways. A review of the Resident Health Assessment.	{A 030}			

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{A 030}	Continued From page 7 dated 3/27/23, revealed he is a 76-year-old male with a diagnosis of diabetes mellitus type 2, sepsis, and repeated falls. On 2/23/26 at approximately 11:04 AM, a Licensed Practical Nurse (LPN) from a home health company was observed in the ALF performing wound care services for Resident #4. The LPN confirmed the resident had chronic open wounds on his lower legs and that, during one of the LPN's visits, a white powder was noted in the hallway for bed bug treatment. Resident #5 During an observation and interview with Resident #5 on 02/23/2026 at 11:20 AM in his room, he was observed to be lying on his bed with his nasal oxygen tubing applied. He stated he keeps his oxygen on continuously. He stated he has a "breathing problem" and needs his oxygen on all the time. He stated he did not think there were any bed bugs in his room anymore. He confirmed that the facility staff came into his room and applied a white powder. He did not know what it was. He thought they only applied the powder around the cabinets in his kitchenette area. White powder was observed along the baseboards of his room, and a light dust of white powder was observed on his recliner. The resident's box spring did not have a cover as recommended by the Gulf County Health Department in June 2025. (Photographic evidence observed) Resident #5's room was inspected and a live bed bug was found crawling on the fitted sheet near the head of the bed. The resident also observed the bed bug crawling on his sheet and wanted to smash it with his finger. The resident stated, "I	{A 030}			

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{A 030}	Continued From page 8 don't want it to get away!" and smashed it on his sheet. A red stain immediately was observed on the sheet where the resident had killed the bug. He then asked if there were more bugs in his room. He was asked if he would be able to leave his room temporarily so the facility could re-treat his room. He stated he did not have anywhere to go and did not want to sleep in the lobby again. He stated the last time they treated his room and his bed; he slept on the floor with only his comforter for bedding. Resident #5's Health Assessment, dated 04/07/2025, revealed Resident #5 was a 93-year-old male with the diagnoses of Chronic Heart Failure (CHF) with acute hypoxic respiratory failure. On of his physician's orders was for at home oxygen. Pesticide use On 2/23/26 at approximately 12:00 PM, an interview was conducted with a Florida Department of Agriculture Environment Specialist II (ESII). The pesticide that the ALF used was identified as Diatomaceous Earth (DE) and 2 unopened bags were observed in the laundry room. The ESII indicated the product label lacked indicators for use in residential healthcare setting and she expressed concern related to the product being used around residents with open wounds or respiratory compromise. The DE product label stated, "This product is a ready to use insecticide which provides effective pest control against crawling insects. This product is a mechanical insect killer. Insects cannot become immune to its action. Insects come in contact or ingest this powder and die within 48 hours. This is for use in and around residential,	{A 030}			

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{A 030}	Continued From page 9 commercial, and agriculture building. Caution causes moderate eye irritation. Avoid contact with eyes. Use adequate ventilation and avoid breathing the dust. You should wear a suitable dusk mask when using this product for prolonged duration." On 2/23/26 at approximately 2:14 PM, a phone interview was conducted with the ECOLAB Technician that has been working with the facility on the bedbug issue and her supervisor. The Technician indicated that she had not advised the ALF to apply the Diatomaceous Earth and when she observed the powder on one of her visits, she told the manager they had used too much, and it needed to be vacuumed up. During an interview with the Administrator in Training on 02/23/2026 at 9:42 AM, she stated the white powder that was observed was Diatomaceous Earth (DE). The hallways and resident rooms were treated by the contracted Maintenance Staff. They put the powder down in the corridors along the baseboards and in the resident rooms along the baseboards. She thinks it was down 7-10 days. She confirmed that the residents were not removed from their rooms during the applications. She was asked if she was aware of live bed bugs in the building today. She replied, "No." During a phone conference with the ALF's Management Company Representative on 2/23/26 at 10:38 AM, he stated that he did a walk-through last week and found bugs in a couch and in rooms 105, 107, 108, 110, 112, 204, 205, and 206. The Management Company Representative confirmed he contracted the Maintenance Staff to apply the pesticide and that the Maintenance Staff was not a licensed pest	{A 030}			

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{A 030}	Continued From page 10 control expert. He confirmed the residents were not moved out of the rooms during the application of the DE in their rooms and had not conferred with the ECOLAB technician regarding the pesticide use. A review of the Gulf County Group Home inspected dated 2/23/26 confirms violations related to infestation and sanitary conditions. (copy obtained) During an interview on 02/23/2026 at 2:38 PM with the Administrator of Record, she confirmed that she uses DE at her own home and does not know it to be hazardous. She was not aware of the hazardous statements on the bag. She was not aware that it had been applied incorrectly. She confirmed that the contracted Maintenance Staff was not a certified technician to apply a pesticide. After being informed that there is still white powder residue on the baseboards and in the residents' rooms, she stated she was unaware. The ALF's Integrated Pest Management Policy and Procedure states, "Purpose: To ensure the [Facility] maintains a safe, sanitary, and pest-free environment through a structured integrated pest management program, including routine inspections, prevention, timely treatment, documentation, and resident safety measures. 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. Scheule licensed vendor treatment 5. Coordinate with housekeeping/laundry for containment and sanitation 6. Perform post-treatment follow-up inspections. 5.6 Resident Safety During	{A 030}			

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{A 030}	Continued From page 11 Treatments. Residents will not be exposed to aerosols, fumes, or residue. Treatments will be scheduled during low-traffic periods when possible. Temporary relocation may be required depending on treatment method. Staff must follow vendor re-entry instructions. 5.7 Chemical Storage and Safety Data Sheets (SDS). If pest control chemicals are stored onsite, they must be labeled and secure, stored away from food/linens/resident supplies, and SDS sheets must be available and accessible." Throughout the survey the Diatomaceous Earth pesticide was noted in the laundry room adjacent to the kitchen and dining room. The door was open and residents were in and out of the area for meals. Class II	{A 030}		