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 _____ | C 02/23/2026 |

| 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 |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>An unannounced complaint investigation for complaint numbers 2026001964, 2026001916, and 2026002110 was conducted at Our Home at Beacon Hill in Port St. Joe, FL, on February 23, 2026. This investigation was completed concurrent to a separate complaint revisit survey. The facility had deficiencies at the time of the survey. | A 000 | | |
| A 170 SS=D | 429.24(3)a Resident Refund Policy<br><br>....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or death of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to issue a required refund to 1 of 1 residents reviewed for refunds. (Resident #1)<br><br>The findings include:<br><br>A review of Resident #1's record revealed that Resident #1 was discharged on 09/25/2025. A review of the discharge agreement between the facility and Resident #1 revealed a date of 11/09/2025 and included the clause, "Reimbursement shall be provided within 45 days of resident/agent's written notice of termination."<br><br>On 02/23/26 at 1:35 PM, an interview was | A 170 | | |

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| A 170 | Continued From page 1<br><br>conducted with the daughter of Resident #1. According to her, the refund had not been received as of today (02/23/26). The daughter has contacted the facility administrator by text on 09/17/25 at 6:12 PM, 11/7/25 at 10:30 AM (with the response, "let me look into this") and on 12/16/25 at 7:38 AM no response. (photographic evidence obtained)<br><br>An interview was conducted with the Administrator in Training (AIT) on 02/23/26 at approximately 9:58 AM. The AIT stated that the refund has been sent to the family. The AIT provided copies of the 30-day notice letter, Refund Invoice, and facility discharge summary form with refund check information dated 01/22/26 in the amount of $480.00. The AIT could not provide a date that refund check was mailed out to family.<br><br>An interview with the Facility Administrator on 02/23/26 at approximately 1:35 PM stated that all refunds are sent by certified mail. However, the Administrator could not provide certified mail information of when the checks were mailed to the family member.<br><br>Class III | A 170 | | |