

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/23/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER Beacon Villa Retirement Center	STREET ADDRESS, CITY, STATE, ZIP CODE 141 Kaelyn Lane Port Saint Joe, FL 32456	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced limited nursing services (LNS) and extended congregate care (ECC) monitoring visit was conducted 8/27/2013 at Beacon Villa Retirement Center in conjunction with a complaint (CCR# 2013009055). There were deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 4, 2013

Administrator
Beacon Villa Retirement Center
141 Kaelyn Lane
Port Saint Joe, FL 32456

Dear Administrator:

Re: CCR #2013009055

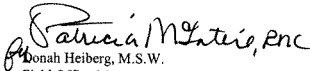
This letter reports the findings of a state licensure complaint survey including extended congregate care (ECC) and limited nursing services (LNS) monitoring that was conducted on August 27, 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after October 4, 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Patricia McIntire, PNC
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

