

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER Our Home At Beacon Hill	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

On 01/14/2015, an unannounced Extended Congregate Care monitoring was conducted at Our Home At Beacon Hill Assisted Living Facility. At the time of the monitoring, there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2015

Administrator
Our Home At Beacon Hill
141 Kaelyn Lane
Port Saint Joe, FL 32456

Dear Administrator:

This letter reports findings of an Extended Congregate Care monitoring survey that was conducted on January 14, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



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