

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968029	(X3) DATE SURVEY COMPLETED 01/29/2015
NAME OF PROVIDER OR SUPPLIER Bee Hive Homes Of Niceville	STREET ADDRESS, CITY, STATE, ZIP CODE 4268 Ida Coon Ct Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced abbreviated biennial survey was conducted at Bee Hive Homes of Niceville Assisted Living Facility on January 28-29, 2015. At the time of survey there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 3, 2015

Administrator
Bee Hive Homes Of Niceville
4268 Ida Coon Ct
Niceville, FL 32578

Dear Administrator:

This letter reports findings of an abbreviated state licensure survey that was conducted on January 28 and January 29, 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,


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

DH/kb
Enclosure

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