

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/11/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968868	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF LYNN HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4621 HILLTOP LN PANAMA CITY, FL 32405	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An announced Initial licensure survey to include Limited Nursing Services was conducted at Bee Hive Homes of Lynn Haven Assisted Living Facility located in Lynn Haven, FL on 8/11/2015. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2015

Administrator
Bee Hive Homes Of Lynn Haven
4621 Hilltop Lane
Panama City, FL 32405

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 11, 2015 by representative(s) 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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, MSW
Field Office Manager

DH/dh
Enclosure

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