

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968868	(X3) DATE SURVEY COMPLETED 02/11/2016
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 unannounced Limited Nursing Services monitoring visit was conducted at Bee Hive Homes of Lynn Haven Assisted Living Facility on 2/11/2016. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 17, 2016

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

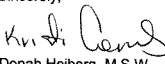
Dear Administrator:

This letter reports findings of a state limited nursing services monitoring survey that was conducted on February 11, 2016 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/kc
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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