RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2016

Administrator
Beehive Homes Of Gulf Breeze
4702 Gulf Breeze Pkwy
Gulf Breeze, FL 32563

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 22, 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. **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,

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

DH/kc
Enclosure

34IJ

Tallahassee Field Office
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969082	**08/22/2016**
NAME OF PROVIDER OR SUPPLIER **BEEHIVE HOMES OF GULF BREEZE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4702 GULF BREEZE PKWY** **GULF BREEZE, FL 32563**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A scheduled Initial Licensure survey was conducted on August 22, 2016 of the Beehive Homes of Gulf Breeze Assisted Living Facility. No deficient practice was identified at the time of this initial survey.