

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 11/09/2016
NAME OF PROVIDER OR SUPPLIER OUR HOME AT BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 141 KAEALYN LANE PORT SAINT JOE, FL 32456	

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

0000 Initial Comments

An unannounced biennial licensure survey (with specialty licenses Limited Nursing Services and Extended Congregate Care) was conducted at Our Home At Beacon Hill Assisted Living Facility (license number 10713) on 11/9/16. At the time of survey there were no deficiencies identified.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 21, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 9, 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

