RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 30, 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

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968029** | **11/30/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**BEE HIVE HOMES OF NICEVILLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4268 IDA COON CT**<br>**NICEVILLE, FL 32578** | |

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

**0000 - Initial Comments**

An unannounced abbreviated biennial relicensure survey was conducted on 11/29/16 through 11/30/16 at Bee Hive Homes Assisted Living Facility, license # 12000. No deficient practice was identified at the time of this survey.