

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968868	(X3) DATE SURVEY COMPLETED 05/09/2017
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 biennial licensure survey with Limited Nursing Services was conducted at Bee Hive Homes of Lynn Haven (license #12716) Assisted Living Facility on 5/8/17 through 5/9/17. No deficient practice was identified at the time of the survey.		