

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED R 05/26/2017
NAME OF PROVIDER OR SUPPLIER OUR HOME AT BEACON HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 141 KAELYN LANE PORT SAINT JOE, FL 32456	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A desk review revisit Limited Nursing Services monitoring survey was completed on May 26, 2017 for Our Home at Beacon Hill. Based on interview with the administrator, submitted evidence of correction and supporting documentation, deficiencies were found corrected.