

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966504	(X3) DATE SURVEY COMPLETED 02/05/2018
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

An unannounced Limited Nursing Service monitoring visit was conducted at Our Home at Beacon Hill (License# 10713) in Port Saint Joe, Florida on 2/5/2018. No deficient practice was identified at the time of the survey visit.