STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968868	**03/22/2018**
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 state licensure limited nursing services monitoring visit was conducted on March 22, 2018 at Bee Hive Homes of Lynn Haven (license #12716). No deficient practice was identified at the time of the survey.