| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968029** | **04/18/2018** |
| 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 complaint survey for allegations contained within CCR# 2018005082 was conducted on April 18, 2018 at Bee Hive Homes of Niceville. No deficient practice was identified at the time of the survey.