STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968868	**01/04/2019**
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 Change of Ownership survey was conducted on and at Bee Hive Homes of Lynn Haven. A monitoring visit for Limited Nursing Services was conducted in conjunction. Deficient practice was identified at the time of this survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the health assessment for 1 of 2 residents (#3) was completed to allow the facility to fully identify the needs of the resident.

The Findings Included:

Review of the medical record for resident #3 was conducted on and showed the resident had been admitted to the facility on . The Agency for Health Care Administration Health Assessment Form 1823 for resident #3 was reviewed and noted to be incomplete. Page 2 of 3, section A, was missing information on the level of assistance the resident required for toileting and for transferring and section C, number 5, was not marked to indicate if the resident required 24 hour nursing or , , care.

On at approximately 2:41 PM, an interview was conducted with the Administrator who stated she was unsure why the form was not filled out completely and verbally assumed responsibility for not ensuring the form was completed and correct.

Class III