STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968868	R **03/06/2019**
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

On March 6, 2019, a desk review revisit survey was completed for the licensure Change of Ownership survey ending January 4, 2019 at Bee Hive Homes of Lynn Haven. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.