

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968868	(X3) DATE SURVEY COMPLETED 03/25/2019
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 capacity increase survey for 4 additional beds was conducted at Bee Hive Homes of Lynn Haven, an assisted living facility, on Deficient practice was identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and staff interview, the facility failed to demonstrate compliance with fire safety standards by failing to obtain an annual fire inspection from the local authority.

The findings include:

Review of a fire inspection provided by the facility Administrator revealed the last fire inspection was completed

An interview was conducted with the Administrator on at 11:00 AM. She confirmed the facility had no evidence of a fire inspection since 2017.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968868	(X3) DATE SURVEY COMPLETED 03/25/2019
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