STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968868	R **04/17/2019**
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 4/17/2019, a desk review revisit was conducted to the capacity increase survey from 3/25/2019 at Bee Hive Homes of Lynn Haven. Based on submitted evidence, previously cited deficiencies were found corrected.