STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968029	R **05/07/2019**
NAME OF PROVIDER OR SUPPLIER **BEE HIVE HOMES OF NICEVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4268 IDA COON CT** **NICEVILLE, FL 32578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On May 7, 2019, a desk review revisit survey was completed for the Change of Ownership survey ending April 9, 2019 at Bee Hive Homes of Niceville. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.